

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020192

FILED
Apr 16, 2004
Secretary of State

Entity Name: TRANSINVERSIONES U.S.A., INC.

Current Principal Place of Business:

5555 ANGLERS AVENUE
SUITE 4
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

5555 ANGLERS AVENUE
SUITE 4
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-0906971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ACOSTA, MAURICIO
5555 ANGLERS AVENUE
SUITE 4
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ACOSTA, MAURICIO
Address: 5555 ANGLERS AVENUE -SUITE 4
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VD () Delete
Name: CARVJAL, LETICIA
Address: 5555 ANGLER AVENUE -SUITE 4
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: STD () Delete
Name: CARVAJAL, JUAN C
Address: 5555 ANGLERS AVENUE -SUITE 4
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ACOSTA, H MAURICIO
Address: 5555 ANGLERS AVENUE -SUITE 4
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VD (X) Change () Addition
Name: CARVAJAL, LETICIA
Address: 5555 ANGLER AVENUE -SUITE 4
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H MAURICIO ACOSTA

PD

04/16/2004

Electronic Signature of Signing Officer or Director

_____ Date