

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020192

FILED  
Apr 26, 2005  
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 ( )

**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, H MAURICIO  
Address: 5555 ANGLERS AVENUE -SUITE 4  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VD ( ) Delete  
Name: CARVAJAL, 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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: MAURICIO ACOSTA

PD

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date