

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90006 026 \*\*\*150.00

**DOCUMENT # K26120**

1. Entity Name  
**TRANSMARES TRAVEL, INC.**



Principal Place of Business  
**200 SE 1ST STREET #506  
MIAMI, FL 33131**

Mailing Address  
**200 SE 1ST STREET #506  
MIAMI, FL 33131**

**44049725**



07192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0082302</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**GALDI, ROSALIA  
200 S.E. 1ST STREET  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed, name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	GALDI, ROSALIA
STREET ADDRESS	200 SE 1ST STREET #506
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

*[Signature]*  
**July 20/04**

Attachment

44049725

# K26120

7-19-04

FLORIDA DEPT OF STATE

DIVISION OF CORPORATIONS

RE TRANSHORES TRAVEL INC.

H 26120.

UBR 2004

SIRS:

ATTACHED \$150.00 CHECK TO  
COVER OUR 2004 ANNUAL REPORT.

WE APOLOGIZE FOR THE DELAY BUT  
WE HAVE NOT RECEIVED PREVIOUS FORMS  
OR NOTICES.

CORDIALLY,

PRESIDENT