

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000048545

**Entity Name:** TRANSFIGURATION, INC.

**Current Principal Place of Business:**

3325 S. UNIVERSITY DRIVE  
STE 123  
DAVIE, FL 33328

**FILED**  
**Apr 10, 2013**  
**Secretary of State**  
**CC8026470668**

**Current Mailing Address:**

3325 S. UNIVERSITY DRIVE  
STE 123  
DAVIE, FL 33328

**FEI Number: 65-1008362**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ACEVEDO, UNMI  
14911 NEW CASTLE LANE  
DAVIE, FL 33331 US

*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

**Officer/Director Detail :**

Title	PD	Title	VD
Name	ACEVEDO, UNMI	Name	ACEVEDO, ANGEL
Address	14911 NEW CASTLE LANE	Address	14911 NEW CASTLE LANE
City-State-Zip:	DAVIE FL 33331	City-State-Zip:	DAVIE FL 33331

*I hereby 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 all other like empowered.*

**SIGNATURE: UNMI Y ACEVEDO**

**OWNER**

**04/10/2013**

Electronic Signature of Signing Officer/Director Detail

Date