

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000028541

**Entity Name:** TRANSPLANTS, INC.

**Current Principal Place of Business:**

5034 N. NEBRASKA AVE  
TAMPA, FL 33603

**Current Mailing Address:**

5034 N. NEBRASKA AVE  
TAMPA, FL 33603

**FEI Number: 65-0739648**

**Certificate of Status Desired: No**

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

BARRERA, LAJUANDA  
5034 N. NEBRASKA AVE  
TAMPA, FL 33603 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: LAJUANDA BARRERA**

**02/23/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| Title           | OWNER                | Title           | OTHER                |
| Name            | BARRERA, LAJUANDA    | Name            | BARRERA, JULIO       |
| Address         | 5034 N. NEBRASKA AVE | Address         | 5034 N. NEBRASKA AVE |
| City-State-Zip: | TAMPA FL 33603       | City-State-Zip: | TAMPA FL 33603       |

*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: LAJUANDA BARRERA**

**OWNER**

**02/23/2019**

Electronic Signature of Signing Officer/Director Detail

Date