


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 546200</b>	
1. Entity Name <b>TRANSAL CORPORATION</b>	

Principal Place of Business <b>2121 S.W. 3RD AVE., 8TH FLOOR MIAMI, FL 33129</b>	Mailing Address <b>2121 S.W. 3RD AVE., 8TH FLOOR MIAMI, FL 33129</b>
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**DO NOT WRITE IN THIS SPACE**



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1762984</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**POMA, EDUARDO  
2121 S.W. THIRD AVENUE, SUITE 800  
MIAMI, FL 33129**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS PITA, RODOLFO 2121 SW 3RD AVE., 8TH FLOOR MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP POMA, ERNESTO 2121 SW 3RD AVE., 8TH FLOOR MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D POMA, EDUARDO 2121 SW 3RD AVE., 8TH FLOOR MAIMI, FL</b>
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04/22/06-80080-025 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_ DATE: **3/22/06** DAYTIME PHONE: \_\_\_\_\_