

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90048 014 ***150.00

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1. Entity Name

TRANS-AMERICAN CONSTRUCTION COMPANY



Principal Place of Business

2460 SW 137TH AVE #243
#243
MIAMI FL 33175

Mailing Address

2460 SW 137TH AVE #243
#243
MIAMI FL 33175

2. Principal Place of Business

9370 Sunset Dr.

3. Mailing Address

P.O. Box 56-2531

Suite, Apt. #, etc.

A-101

Suite, Apt. #, etc.

City & State

Miami - FL

City & State

Miami, FL

Zip

33173

Country

U.S.A.

Zip

33256

Country

U.S.A.



MOORE

CR2E034 (11/03)

4. FEI Number

59-2025871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, MICHAEL
2460 SW 137TH AVE #243
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PASD ☐ Delete
NAME VAZQUEZ, MICHAEL
STREET ADDRESS 2460 SW 137TH AVE SUITE 243
CITY-ST-ZIP MIAMI FL 33175

TITLE VSTD ☐ Delete
NAME VAZQUEZ, OSMARA
STREET ADDRESS 2460 SW 137TH AVE SUITE 243
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

OSMARA VAZQUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04

Date

305-669-8902

Daytime Phone #