

Jan. 10. 2007 2:20PM Transglobal

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90056 006 ***150.00

40017021



01042007 Chg-P CR2E034 (12/06)

4. FEI Number **59-1584396** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATION, LLC
520 BRICKELL KEY DRIVE
OFFICER PLAZA SUITE 305-307
MIAMI, FL 33131

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FERNANDEZ, BENJAMIN**
STREET ADDRESS **520 BRICKELL KEY DR**
CITY-ST-ZIP **MIAMI, FL**

TITLE **C** ☐ Delete
NAME **BENITEZ, DAISY**
STREET ADDRESS **520 BRICKELL KEY DR**
CITY-ST-ZIP **MIAMI, FL**

TITLE **D** ☐ Delete
NAME **GUILLERMO, BILBAO**
STREET ADDRESS **520 BRICKELL KEY DR**
CITY-ST-ZIP **MIAMI, FL**

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Chief Financial Officer**
STREET ADDRESS **Sandro Giannetti**
CITY-ST-ZIP **520 Brickell Key Dr.**
Miami, FL 33131

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Colleen K. Nissl**
CITY-ST-ZIP **Hexion Specialty Chemicals**
180 E. Broad St.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Columbus, OH**

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 807, 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:

Daisy Benitez **DAISY BENITEZ**

Date

Daytime Phone #

11/17/07 305 445-1341