

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005351

FILED
May 28, 2005
Secretary of State

Entity Name: SRX TRANSCONTINENTAL INC.

Current Principal Place of Business:

2999 NE 191 ST
STE 101
AVENTURA, FL 33180

New Principal Place of Business:

900 NORTH FEDERAL HWY
SUITE 205
HALLANDALE, FL 33009

Current Mailing Address:

2999 NE 191 ST
STE 101
AVENTURA, FL 33180

New Mailing Address:

900 NORTH FEDERAL HWY
SUITE 205
HALLANDALE, FL 33009

FEI Number: 11-3630348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VITKOUSKI, OLGA
2999 NE 191 STREET STE 101
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

ALTARAC, ARMIN
900 NORTH FEDERAL HWY
SUITE 205
HALLANDALE, FL 33009 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: ARMIN ALTARAC

05/28/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMIRNOV, IGOR A
Address: 3549 MAGELLAN CIRCLE # 411
City-St-Zip: AVENTURA, FL 33180

Title: S () Delete
Name: PASSER, JULIETTE M
Address: 138 PARK AVE
City-St-Zip: MANHASSET, NY 11030

Title: V () Delete
Name: IRYAYEV, ARTHUR
Address: 210 174 STREET # 518
City-St-Zip: SUNNY ISLES, FL 33160

Title: GM (X) Delete
Name: VITKOVSKI, OLGA
Address: 350 5TH AVE STE 3903
City-St-Zip: NEW YORK, NY 10118

Title: CFO () Delete
Name: KIRILOV, ALEXEL
Address: SERGEL AIRPORT
City-St-Zip: TASHKENT, UZBEKISTAN, 700154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ALTARAC, ARMIN
Address: 20515 EAST COUNTRY CLUB DR., 1043
City-St-Zip: MIAMI, FL 33180

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ARMIN ALTARAC

VP

05/28/2005

Electronic Signature of Signing Officer or Director

Date