2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# F01000005351

Entity Name: SRX TRANSCONTINENTAL INC.

Current Principal Place of Business:

900 NORTH FEDERAL HWY
SUITE 205
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

900 NORTH FEDERAL HWY
SUITE 205
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 11-3630348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SILINSKY, MAX
900 NORTH FEDERAL HWY
SUITE 205
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

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: COO ( ) Delete
Name: SILINSKY, MAX
Address: 2649 N.E. 27 TER
City-St-Zip: FORT LAUDERDALE, FL 33306

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: IGOR SMIRNOV P 04/08/2008

Electronic Signature of Signing Officer or Director — Date