

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005351

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: SRX TRANSCONTINENTAL INC.

## Current Principal Place of Business:

900 NORTH FEDERAL HWY  
SUITE 205  
HALLANDALE, FL 33009

## Current Mailing Address:

900 NORTH FEDERAL HWY  
SUITE 205  
HALLANDALE, FL 33009

## New Principal Place of Business:

900 NORTH FEDERAL HWY  
SUITE 206  
HALLANDALE, FL 33009

## New Mailing Address:

900 NORTH FEDERAL HWY  
SUITE 206  
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:

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

## Name and Address of New Registered Agent:

FIRTH, ROBERT GMGR  
900 NORTH FEDERAL HWY  
SUITE 206  
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: ROBERT FIRTH

01/06/2009

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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: GMGR (X) Change ( ) Addition  
Name: ROBRET, FIRTH GM  
Address: OLD PINE RD  
City-St-Zip: BOCA RATON, FL 33428

Title: AMGR ( ) Change (X) Addition  
Name: UGALDE, KARINA  
Address: W MCNAB RD  
City-St-Zip: POMPANO BEACH, FL 33069

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

01/06/2009

Electronic Signature of Signing Officer or Director

Date