2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

Section Proceedings Procedure Proc	DOCUMENT # F48231 1. Entity Name TRANS-GROUP UNLIMITED, INC.					04-30-2004 90316 013 ***150.00					
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S. Name and Address of Current Registered Agent VALLS, FELIPE IS \$150.00 TO PRICERS AND DIRECTORS TRUE MOWNITE FELIS \$150.00 After May 1, 2004 Fee will be \$550.00 TO SIRET MORESS SIRET MORESS OTH'S 1-2P PAULS, FELIPE, JR. SIRET MORESS SIRET MORESS OTH'S 1-2P Detale TITLE NAME SIRET MORESS OTH'S 1-2P Detale TITLE NAME SIRET MORESS OTH'S 1-2P Detale TITLE NAME SIRET MORESS OTH'S 1-2P DETALE NORTH SIRET MORESS OTH'S 1-2		mi FZ		PZ	_						
Name and Address of New Registered Agent Name	3212	S Country Zip Cou		Coun	try						
Sacial SW 8TH STREET MIAMI, FL 33135 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am samilar with, and accept the obligations of registered agent. Signature (special or mediating) The Delete Name SIRET ADDRESS OTY-ST-2P FILE NOW; FE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campsign Francing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. MAKE SIRET ADDITIONS SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	<u> </u>	6. Name and Address of Current Re	egistered Agent			<u> </u>					
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8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatur typed of three or independent agent are site if repolable. INOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the repolations of registered agent, or both, in the State of Florida. I am familiar with, and accept the repolations of registered agent, or both, in the State of Florida. I am familiar with, and accept the repolations of registered agent, or both, in the State of Florida. I am familiar with, and accept the repolations of registered agent, or both, in the State of Florida. I am familiar with, and accept the repolations of registered agent, or both, in the State of Florida. I am familiar with, and accept the repolations of registered agent, or both, in the State of Florida. I am familiar with, and accept the repolations of registered agent, or both, in the State of Florida. I am familiar with, and accept the repolations of registered agent, or both, in the State of Florida. I am familiar with, and accept the repolations of registered agent, or both, in the State of Florida. I am familiar with, and accept the repolations of registered agent, or both, in the State of Florida. I am familiar with, and accept the repolations of registered agent, or both, in the State of Florida. I am familiar with, and accept the repolations of registered agent, or both, in the State of Florida. I am familiar with, and accept the repolations of registered agent, or both, in the State of Florida. I am familiar with, and accept the repolations of Place of Pla	3663 SW 8			Street Address (P.O. Box Number is Not Acceptable)							
8. The above named onlify submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Term familiar with, and accept the obligations of registered agent. SIGNATURE Signature: Signature	MIAMI, FL	33135					<u> </u>	•			
B. 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 SIRET ADORES OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III. SOUND A Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS IN 15 III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		•			City			Ei.	Zip Code	e	
The obligations of registered agent. SIGNATURE Signature. Upped of printed name of registered agent agent and size if applicable. ### FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. INTE VALLS, FELIPE, SR. SIRET ADDRESS CITY-SI-2P INTE NAME VALLS, FELIPE, JR. SIRET ADDRESS SIRET ADDRESS CITY-SI-2P INTE NAME SIRET ADDRESS CITY-SI-2P INTE Change Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE Change Change Change Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Ch	8. The above	named entity submits this statement for t	ed office or register	ed agent, or bot	h, in the State of Flo		amiliar with.	and accept			
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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 it 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 explowered.	12. Thereby of indicated of the cor-	certify that the information supplied with It on this report or supplemental report is to parallon or the receiver or trustee empore	nis filing does not qualify for the and accurate and that maked to execute this report	the exe	mption stated in Se ture shall have the s red by Chapter 607	ction 119.07(3)(same legal effect l. Florida Statute), Florida Statutes. I t as it made under o s; and that my name	further certi ath: that I at appears in	fy that the in an officer Block 10 or	nformation or director Block 11 if	