

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90197 017 ***150.00

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1. Entity Name
**TRANS OCCIDENTAL DE REPRESENTACIONES
INCORPORATED**



Principal Place of Business

C/O JOHN C BIERLEY
CALLE CUZICATLAN #226 COLONIA ESCALON,
SAN SALVADOR, EL SALVADOR, OC

Mailing Address

C/O JOHN C. BIERLEY
P.O. BOX 2939
TAMPA, FL 33601

24070034



DO NOT WRITE IN THIS SPACE

02062004 No Chg-P CR2E034 (10/03)

4. FEI Number
52-1953632

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BIERLEY, JOHN C
100 NO. TAMPA STREET
STE 2120
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	PANAMA, CARLOS A
STREET ADDRESS	CALLE CUZICATLAN #226
CITY - ST - ZIP	COLONIA ESCALON,
TITLE	VD
NAME	PANAMA, GABRIEL A
STREET ADDRESS	CALLE CUZICATLAN #226
CITY - ST - ZIP	COLONIA ESCALON,
TITLE	SD
NAME	PANAMA, SONIA R
STREET ADDRESS	CALLE CUZICATLAN #226
CITY - ST - ZIP	COLONIA ESCALON,
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

30 March 04 251 5849