

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90976 015 \*\*\*150.00

**DOCUMENT # F95000005421**

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**

**DO NOT WRITE IN THIS SPACE**



01172005 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, 2005 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 or other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CARLOS A PANAMA**

**4/26/05**

Date

**813 251 5849**

Daytime Phone #