

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90212 046 ***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

40071610



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
PANAMA, CARLOS A
CALLE CUZICATLAN #226
COLONIA ESCALON,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PANAMA, GABRIEL A
CALLE CUZICATLAN #226
COLONIA ESCALON,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PANAMA, SONIA R
CALLE CUZICATLAN #226
COLONIA ESCALON,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained 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 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 #

4/4/07

813 251 5849