

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

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**



01072008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

000000887633
04/21/08-80028-011 150.00

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

April 1/08

Date

813 251 5849

Daytime Phone #