

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000002805**

1. Entry Name  
**TRANSUNION AMERICA, INC.**



Principal Place of Business

**8181 NW 36 STREET  
STE. 9A  
MIAMI, FL 33166**

Mailing Address

**66-00 L.I. EXPRESSION  
STE. 200  
MASPETH, NY 11378**



01212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-3335800**

Applied For  
**Not Applicable**

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

6. Name and Address of Current Registered Agent

**PEREZ, ILEANA  
8181 NORTHWEST 36TH STREET STE 6D  
MIAMI, FL 33166**

**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  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**P  
VIANO, JOSE  
DR. J.J. DOMINE 18-2 A1  
VALENCIA SPAIN,**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**V  
COLLARTE, JULIO  
DR. J.J. DOMINE 18-2 A1  
VALENCIA SPAIN,**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**S  
GATTI, BRIGID  
82-29 63RD AVENUE  
MIDDLE VILLAGE, NY 11379**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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01/28/05-80076-Q25 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

1/26/05

Date

(718) 335 0710

Daytime Phone #