FILED May 01, 2003 8:00 am Secretary of State

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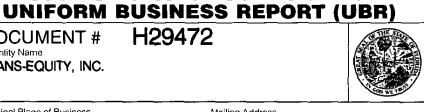
H29472

2003 FOR PROFIT CORPORATION

1. Entity Name

8.

TRANS-EQUITY, INC.



Principal Place of Business % CHARLES S. BONAMER 3124 ARGYLE RD VENICE FL 34293-3506

Mailing Address

% CHARLES S. BONAMER

3124 ARGYLE RD

VENICE FL 34293-3506

 3. Mailing Address	
 Suite, Apt. #, etc.	



2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.				4(8) 618 4 8 8 8 68 68		
			☐ CHECK HERE IF MAKING CHANGES			
City & State City & State 4. F		4. FEI Number 59-2460585	Applied For Not Applicable			
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Cu	rrent Registered Agent			7. Name and Address of New Registere	d Agent
	بمنصوبية	=	<u>ڿؠڐ؆ڟٷۼڛ</u>	_Name		**************************************
BONAMER, C	CHARLES S			Street Address (P.O. Box Number is Not Acceptable)	
3124 ARGYL	E RD 🐪			Olleet Address (1.0. Box Number is Not Acceptable)	
VENICE FL 3	4293					
			City	F	Zip Code	
	med entity submits this statem s of registered agent.	nent for the purpose of cha	nging its register	ed office or register	ed agent, or both, in the State of Florida. I ar	n familiar with, and accept
	· (*)					
SIGNATURE	nature, typed or printed name of registere	d arrent and title if annlicable	(NOTE: Begistare	d Agent signature required	when reinstating) DATE	
. 0191	H Printed Hallie Of registers	a agoin and mon applicable.	(.c. L. registate	o i igan agnatus isquisc	monrousiating)	·

	FILE NOW!!! FEE IS \$150.00
	After May 1, 2003 Fee will be \$550.00
Make	Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

	<u> </u>			
.10.	OFFICERS AND DIRECTOR	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BONAMER, CHARLES S 3124 ARGYLE RD VENICE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. Thereby 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: