2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # K20271

1. Entity Name
TRANSCOMPONENTS CORPORATION

Principal Place of Business	Mailing Address
8009 N.W. 64TH STREET MIAMI, FL 33166	8009 N.W. 64TH STREET MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0046467

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KOZLOVSKI, JOSHUA
16445 COLLINS AVE
MIAMI, FL 33160

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000485577
04/12/06-80098-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOZLOVSKI, INES R
STREET ADDRESS	16445 COLLINS AVE
CITY-ST-ZIP	MIAMI, FL 33160
TITLE	VD
NAME	KOZLOVSKI, BERNARDO
STREET ADDRESS	16445 COLLINS AVE
CITY-ST-ZIP	MIAMI, FL 33160
TITLE	STD
NAME	KOZLOVSKI, JOSHUA
STREET ADDRESS	16445 COLLINS AVE
CITY-ST-ZIP	MIAMI, FL 33160
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: _____ 03/23/06 305 593 0024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #