

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022541

Entity Name: TRANS-GLOBAL, L.L.C.

FILED
Apr 13, 2005
Secretary of State

Current Principal Place of Business:

1010 N. 20TH AVE., SUITE #B
HOLLYWOOD, FL 33020

New Principal Place of Business:

903 NW 7TH STREET
DANIA BEACH, FL 33004

Current Mailing Address:

1010 N. 20TH AVE., SUITE #B
HOLLYWOOD, FL 33020

New Mailing Address:

903 NW 7TH STREET
DANIA BEACH, FL 33004

FEI Number: 35-2180111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARUS, CONSTANTIN
1010 N. 20TH AVE., SUITE EB
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

PARUS, CONSTANTIN
903 NW 7TH STREET
DANIA BEACH, FL 33004 US

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.

SIGNATURE:

04/13/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PARUS, CONSTANTIN
Address: 1010 N 20TH AVE., STE #B
City-St-Zip: HOLLYWOOD, FL 33020

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PARUS, CONSTANTIN
Address: 903 NW 7TH STREET
City-St-Zip: DANIA BEACH, FL 33004

Title: MGR () Change (X) Addition
Name: DRAGOIU, IONELA
Address: 903 NW 7TH STREET
City-St-Zip: DANIA BEACH, FL 33004

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PARUS CONSTANTIN

MGRM

04/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date