

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000052836

1. Entity Name
TRANSGLOBAL CORPORATE ADMINISTRATION, LLC



Principal Place of Business
**520 BRICKELL KEY DR, STE O-305
MIAMI, FL 33131**

Mailing Address
**520 BRICKELL KEY DR, STE O-305
MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112007 Chg-LLC CR2E083 (12/06)

4. FEI Number
90-0128925

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FREEMAN, STEPHEN A
520 BRICKELL KEY DR, STE O-305
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **FREEMAN, STEPHEN A**
STREET ADDRESS **520 BRICKELL KEY DR, STE O-305**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **MGR** ☐ Delete
NAME **ROJAS, MARCO E**
STREET ADDRESS **520 BRICKELL KEY DR, STE O-305**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **MGR** ☐ Delete
NAME **STANHAM, NICHOLAS**
STREET ADDRESS **520 BRICKELL KEY DR, STE O-305**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **MGR** ☐ Delete
NAME **LORIE-ARISTONDO, HILDIE**
STREET ADDRESS **520 BRICKELL KEY DR, STE O-305**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **MGR** ☐ Delete
NAME **HABER, ROBERT**
STREET ADDRESS **520 BRICKELL KEY DR, STE O-305**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **MGR** ☐ Delete
NAME **ALVAREZ, JOSE M**
STREET ADDRESS **520 BRICKELL KEY DR, STE O-305**
CITY-ST-ZIP **MIAMI, FL 33131**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME **U000000608970**
STREET ADDRESS **01/31/07-80018-018 50.00**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JOSE ALVAREZ

Date

Daytime Phone #

1/11/07

305-374-3800