
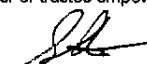


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

|   |                                |  |  |   |    |
|---|--------------------------------|--|--|---|----|
| <b>DOCUMENT # L03000052837</b>  |                                |  |  |  |    |
| 1. Entity Name<br>TRANSGLOBAL CORPORATE SERVICES, LLC   |                                |  |  |   |    |
| Principal Place of Business<br>520 BRICKELL KEY DR, STE O-305<br>MIAMI, FL 33131  |                                | Mailing Address<br>520 BRICKELL KEY DR, STE O-305<br>MIAMI, FL 33131 |  |   |    |
| 2. Principal Place of Business  |                                | 3. Mailing Address   |  |   |    |
| Suite, Apt. #, etc.   |                                | Suite, Apt. #, etc.  |  |   |    |
| City & State  |                                | City & State   |  | 4. FEI Number<br>42-1612635   |    |
| Zip   |                                | Country  |  | Applied For<br>Not Applicable   |    |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                | \$5.00 Additional Fee Required                                       |  |   |    |
| 6. Name and Address of Current Registered Agent   |                                |  | 7. Name and Address of New Registered Agent        |   |    |
| TRANSGLOBAL CORP. ADMIN LLC<br>520 BRICKELL KEY DR, STE O-305<br>MIAMI, FL 33131  |                                |  | Name   |   |    |
|   |                                |  | Street Address (P.O. Box Number is Not Acceptable) |   |    |
|   |                                |  | City   |   | FL |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                                |  |  |   |    |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</b>   |                                | <b>Make check payable to Florida Department of State</b>             |  |   |    |
| 9. MANAGING MEMBERS/MANAGERS  |                                |  | 10. ADDITIONS/CHANGES                              |   |    |
| TITLE   | MGR                            | <input type="checkbox"/> Delete                                      | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |    |
| NAME  | FREEMAN, STEPHEN A             |  | NAME   |   |    |
| STREET ADDRESS  | 520 BRICKELL KEY DR, STE O-305 |  | STREET ADDRESS                                     |   |    |
| CITY-ST-ZIP   | MIAMI, FL 33131                |  | CITY-ST-ZIP  |   |    |
| TITLE   | MGR                            | <input type="checkbox"/> Delete                                      | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |    |
| NAME  | ROJAS, MARCO E                 |  | NAME   | 1100000229838   |    |
| STREET ADDRESS  | 520 BRICKELL KEY DR, STE O-305 |  | STREET ADDRESS                                     | 02/15/05-80015-006 50.00  |    |
| CITY-ST-ZIP   | MIAMI, FL 33131                |  | CITY-ST-ZIP  |   |    |
| TITLE   | MGR                            | <input type="checkbox"/> Delete                                      | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |    |
| NAME  | STANHAM, NICHOLAS              |  | NAME   |   |    |
| STREET ADDRESS  | 520 BRICKELL KEY DR, STE O-305 |  | STREET ADDRESS                                     |   |    |
| CITY-ST-ZIP   | MIAMI, FL 33131                |  | CITY-ST-ZIP  |   |    |
| TITLE   | MGR                            | <input type="checkbox"/> Delete                                      | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |    |
| NAME  | LORIE-ARISTONDO, HILDIE        |  | NAME   |   |    |
| STREET ADDRESS  | 520 BRICKELL KEY DR, STE O-305 |  | STREET ADDRESS                                     |   |    |
| CITY-ST-ZIP   | MIAMI, FL 33131                |  | CITY-ST-ZIP  |   |    |
| TITLE   | MGR                            | <input type="checkbox"/> Delete                                      | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |    |
| NAME  | HABER, ROBERT                  |  | NAME   |   |    |
| STREET ADDRESS  | 520 BRICKELL KEY DR, STE O-305 |  | STREET ADDRESS                                     |   |    |
| CITY-ST-ZIP   | MIAMI, FL 33131                |  | CITY-ST-ZIP  |   |    |
| TITLE   | P                              | <input type="checkbox"/> Delete                                      | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |    |
| NAME  | HAVEN, SAMUEL P                |  | NAME   |   |    |
| STREET ADDRESS  | 520 BRICKELL KEY DR STE O-305  |  | STREET ADDRESS                                     |   |    |
| CITY-ST-ZIP   | MIAMI, FL 33131                |  | CITY-ST-ZIP  |   |    |
| 11. 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 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:   |                                | Stephen A. Freeman   |  | 2-7-05 (305) 374-3800   |    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                | Date   |  | Daytime Phone #   |    |