

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007545

FILED
Jul 07, 2006
Secretary of State

Entity Name: TRANS-GLOBAL VENTURES, LLC

Current Principal Place of Business:

3230 STIRLING ROAD
HOLLYWOOD, FL 33021

New Principal Place of Business:

4040 SHERIDAN STREET
HOLLYWOOD, FL 33021

Current Mailing Address:

3230 STIRLING ROAD
HOLLYWOOD, FL 33021

New Mailing Address:

4040 SHERIDAN STREET
HOLLYWOOD, FL 33021

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COHEN, JEFFREY R ESQ.
297 SUNNY ISLES BLVD.
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MALMAN, MYLES H
Address: 3230 STIRLING ROAD
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM () Delete
Name: STAHL, ROBERT G
Address: 220 ST. PAUL AVE.
City-St-Zip: WESTFIELD, NJ 07090

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MALMAN, MYLES H
Address: 4040 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MYLES MALMAN

MGRM

07/07/2006

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