

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 AUG -5 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N33734 1. Entity Name TRANSFLORIDA EXECUTIVE CENTRE, INC.			
Principal Place of Business 4140 BATTERSEA ROAD COCONUT GROVE, FL 33133		Mailing Address 4140 BATTERSEA ROAD COCONUT GROVE, FL 33133	
2. Principal Place of Business 8410 N.W. 53 Terr.		3. Mailing Address 8410 N.W. 53 Terr.	
Suite, Apt. #, etc. Suite 127		Suite, Apt. #, etc. Suite 127	
City & State Miami, FL 33166		City & State Miami, FL 33166	
Zip 33166	Country USA	Zip 33166	Country USA
4. FEI Number 65-0177219		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, MURRY 4140 BATTERSEA ROAD COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent Name Ricardo A. Aue Street Address (P.O. Box Number is Not Acceptable) 8410 N.W. 53 Terr., Suite 127 City Miami FL Zip Code 33166	
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 Ricardo A. Aue <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, MURRY 4140 BATTERSEA ROAD COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KIRSHON, MICHAEL W 7700 WEST CAMINO REAL, SUITE 400 BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARRIS, RICHARD H 6400 N ANDREWS AVENUE, SUITE 320 FT. LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Ileana S. Aue 8410 N.W. 53 Terr., Suite 127 Miami, FL 33166	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800058477878 08/11/05--01034--004 **70.00	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Ricardo A. Aue, Pres. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			