

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51050

FILED
Apr 23, 2009
Secretary of State

Entity Name: TRANSFORMERS INTERNATIONAL, INC.

Current Principal Place of Business:

421 NE 70 ST.
MIAMI, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 381881
MIAMI, FL 33238 US

New Mailing Address:

FEI Number: 65-0363046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REID, PHYLLIS
421 NE 70 ST.
MIAMI, FL 33138 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REID, PHYLLIS T
Address: 421 NE 70 ST.
City-St-Zip: MIAMI, FL 33138 US

Title: D () Delete
Name: PESTAINA, SHERYL ANN
Address: 16702 SW 114 CT.
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: PADGETT, MALIK C
Address: 3615 NE 207TH STREET.
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: YOUSSEF, AMIR
Address: C/O 7283 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: LOPEZ, WILLIAM
Address: 9001 JACARANDA LANE, #201
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: SALAZAR, ELSA, MD.
Address: 9001 JACARANDA LANE #201
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS T. REID

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date