


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000042248 <small>1. Entity Name</small> TRANSCON PROFESSIONAL GROUP, INC.	
---	---

<small>Principal Place of Business</small> 13317 SOUTHWEST 135 AVENUE MIAMI, FL 33186	<small>Mailing Address</small> 13317 SOUTHWEST 135 AVENUE MIAMI, FL 33186
---	---



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1004348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SOUTHWEST 22 STREET
 4TH FLOOR
 MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

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 rechartering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

<small>TITLE</small>	PD
<small>NAME</small>	FERNANDEZ-RIERA, MARIO L
<small>STREET ADDRESS</small>	13317 SOUTHWEST 135 AVE
<small>CITY - ST - ZIP</small>	MIAMI, FL 331866472
<small>TITLE</small>	T
<small>NAME</small>	RODRIGUEZ, CARMEN
<small>STREET ADDRESS</small>	13317 SOUTHWEST 135 AVE
<small>CITY - ST - ZIP</small>	MIAMI, FL 331866472
<small>TITLE</small>	
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>	
<small>TITLE</small>	
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>	
<small>TITLE</small>	
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY - ST - ZIP</small>	

UN0000001846
 01/12/04-80028-013 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 807, 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: Carmen Rodriguez Treasurer 1/9/2004 (305) 278-0509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (305) 278-0509