


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000042248


1. Entity Name
TRANSCON PROFESSIONAL GROUP, INC.



Principal Place of Business Mailing Address

13317 SOUTHWEST 135 AVENUE **13317 SOUTHWEST 135 AVENUE**
MIAMI, FL 33186 **MIAMI, FL 33186**

DO NOT WRITE IN THIS SPACE



07122005 No Chg-P CR2E034 (10/03)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ-RIERA, MARIO L 13317 SOUTHWEST 135 AVE MIAMI, FL 331866472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, CARMEN 13317 SOUTHWEST 135 AVE MIAMI, FL 331866472
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 07/27/05-80002-006 150.00

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 reports 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 607, 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* *7/25/05* *(305) 278-0509*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #