


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

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

<b>Principal Place of Business</b> 13317 SOUTHWEST 135 AVENUE MIAMI, FL 33186	<b>Mailing Address</b> 13317 SOUTHWEST 135 AVENUE MIAMI, FL 33186
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**DO NOT WRITE IN THIS SPACE**

07122005 No Chg-P CR2E034 (10/03)

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

**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 reinstating) **DATE** \_\_\_\_\_

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

<b>TITLE</b> PD	<b>NAME</b> FERNANDEZ-RIERA, MARIO L
<b>STREET ADDRESS</b> 13317 SOUTHWEST 135 AVE	<b>CITY-ST-ZIP</b> MIAMI, FL 331866472
<b>TITLE</b> T	<b>NAME</b> RODRIGUEZ, CARMEN
<b>STREET ADDRESS</b> 13317 SOUTHWEST 135 AVE	<b>CITY-ST-ZIP</b> MIAMI, FL 331866472
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
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100000374855  
67/27/05-80002-006 150.00

**DO NOT WRITE  
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**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:**  **Treasurer** **7/25/05** **(305) 278-0509**

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