


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 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**



01252008    No Chg-P    CR2E034 (11/05)

4. FCJ Number      Applied For  
**65-1004348**      Not Applicable

5. Certificate of Status Desired        \$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and FCJ, if applicable.      NOTE: Registered Agent signature required when restoring.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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 02/13/06-80069-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or other like empowered.

SIGNATURE: Carmen Rodriguez      Treasurer      1/30/2006      305-278-0509.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #