## 2005 FOR PROFIT CORPORATION

## FILED Mar 05, 2005 08:00 AM

ANNUAL REPORT				Secretary of State
DOCUMENT # P0000046663  1. Entity Name TRANSER & SERVICES, INC.		63		Secretary of State
268 ST S.W.	ce of Business 152 AVE	Mailing Address 9490 OLD CUTLER LANE MIAMI, FL 33156-2243		
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				02182005 No Chg-P CR2E034 (10/03)  4. FEI Number
HOYOS, RAFAEL J 9490 OLD CUTLER LANE MIAMI, FL 33156				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 privided name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees				
10. TITLE NAME STREET ADDRESS CMY-ST-ZIP	OFFICERS AND DIR D LEIVA, MARIA C 9490 OLD CUTLER LANE CORAL GABLES, FL 33156	ECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HOYOS, RAFAEL J 9490 OLD CÜTLER LANE CORAL GABLES, FL 33156			000000252229 03/05/05-80016-029 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<del></del>	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP		<del></del>		
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section indicated on this report or supplemental report is true and accurate and that my signature shall have the sat of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Findinged, or on an attachment with an address, with all other like empowered. SIGNATURE:				ame legal effect as if made under oath; that I am an officer or director
SIGNATURE AND TYPED THE DIAME OF SIGNING OFFICER OR DIRECTOR Data Deviling Phone #				