

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2006 8:00 am
Secretary of State

06-28-2006 90002 008 ***550.00

40097341



05162006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1012906 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATE ADMINS. LLC
520 BRICKELL DR.,
SUITE 0-305
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Transglobal Corporate Administration LLC
Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Drive
Suite 0-305
City Miami FL Zip Code 33131

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.

Samuel P. Hawen

(NOTE: Registered Agent signature required when reinstating)

06/05/2006

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MIRPURI, K. GOVIND	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	AS	<input type="checkbox"/> Delete
NAME	STANHAM, NICHOLAS	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	PS	<input type="checkbox"/> Delete
NAME	GOVIND, MIRPURI K	
STREET ADDRESS	520 BRICKELL KEY DRIVE STE 0-305	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICHOLAS STANHAM

06/05/06 305-3743800

Date

Daytime Phone #