2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078092 1. Entity Name TRANSPARENT CORP.

FILED Apr 23, 2002 8:00 am & Secretary of State 04-23-2002 90327 030 ***150.00

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LOPEZ-PALAO, CRISTINA 260 CRANDON BLVD, STE 32-283 KEY BISCAYNE FL 33149 City FL Zip Code City FL Zi	7	6. Name and Address of Current	Registered Agent			7.	Name and Address of New Re		•		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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. SIGNATURE Signature, hyead or printed name of registered agent and life if applicable. (NOTE Registered Agent signature required when resolutions) Part I in a corporation is eligible to earlisty its intengible Tax filling registered and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD	LOPEZ-P	ALAO, CRISTINA			Name						
B. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent are ties of applicable. (NOTE Registered Agent signature required when reneatating) DATE 19. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so (See criteria or back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME SIRET ADDRESS CITY-ST-2P TITLE CADDITIONS/CHANGES ADDRESS CITY-ST-2P CHARGES CITY-ST-2P TITLE CHARGES CITY-ST-2P TITLE CHARGES CITY-ST-2P TITLE CHARGES CITY-ST-2P CHARGES CITY-ST-2P TITLE CHARGES		•	Street Address			s (P.O. E	(P.O. Box Number is Not Acceptable)				
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. SIGNATURE Signature, typed or printed name or registered agent and title if applicable.	KEY BISC	CAYNE FL 33149							**		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when rematating) Part This corporation is eligible to satisfy its intengible Tax filling requirement and elects to do so. (See criteria on back) Pile NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Trust Fund Contribution. Additionable Fund Fund Fund Fund Fund Fund Fund Fund			X.		City		· · ·	FL	Zip Cod	e	
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13. 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 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	13. Thereby ce	ertify that the information supplied with	this filing does not qualify fo	r the even	ontion stated in S	Section 1	19.07(3)(i), Florida Statutes. I fu	rther certify	y that the in	formation	

of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an addition, with all other like empowered.

SIGNATURE: @

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 2 1 2002 Lopez - PALAO, pres. Date

305-309-4873