

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011649

FILED
Apr 29, 2004
Secretary of State

Entity Name: TRANSEASTERN ANTHONY GROVES, INC.

Current Principal Place of Business:

3300 UNIVERSITY DRIVE
SUITE 001
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3300 UNIVERSITY DRIVE
SUITE 001
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 01-0599817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUFUIRE, CIRA
3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

DIFIORE, CORA
3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 US

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: CORA DIFIORE

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: FALCONE, ARTHUS
Address: 3300 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP () Delete
Name: FALCONE, EDWARD
Address: 3300 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP () Delete
Name: EISNER, NEIL
Address: 3300 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VPAS () Delete
Name: DIFIORE, CORA
Address: 3300 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP () Delete
Name: EVASIUS, JOHN
Address: 3300 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP () Delete
Name: ICKOVIC, JAN
Address: 3300 UNIVERSITY DR., STE 001
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORA DIFIORE

VPAS

04/29/2004

Electronic Signature of Signing Officer or Director

Date