

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000043912

Entity Name: TRANSLEX CORPORATION

FILED
Jan 23, 2008
Secretary of State

Current Principal Place of Business:

1251 100TH STREET
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

16699 COLLINS AVE
SUITE 3004
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

1251 100TH STREET
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

16699 COLLINS AVE
SUITE 3004
SUNNY ISLES BEACH, FL 33160

FEI Number: 65-1102759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN, NEIL L PD
1251 100TH STREET
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

GOODMAN, NEIL L PD
16699 COLLINS AVE
SUITE 3004
SUNNY ISLES BEACH, FL 33160 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: NEIL L GOODMAN

01/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOODMAN, NEIL L
Address: 1251 100TH STREET
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: ST (X) Delete
Name: GOODMAN, DANIELLE J
Address: 1251 100TH STREET
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOODMAN, NEIL L
Address: 16699 COLLINS AVE SUITE #3004
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NEIL L GOODMAN

PD

01/23/2008

Electronic Signature of Signing Officer or Director

Date