

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000021412

FILED
Jun 09, 2005
Secretary of State**Entity Name:** TRANSITAR CORP.**Current Principal Place of Business:**2333 PONCE DE LEON BLVD
STE 1104
CORAL GABLES, FL 331345427 US**New Principal Place of Business:****Current Mailing Address:**2333 PONCE DE LEON BLVD
STE 1104
CORAL GABLES, FL 331345427 US**New Mailing Address:****FEI Number:** 41-2082730**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BLANCO, ANDRES
2333 PONCE DE LEON BLVD
STE 1104
CORAL GABLES, FL 331345427 US**Name and Address of New Registered Agent:**

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:_____
Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: LEBOLO, DINO
Address: 2333 PONCE DE LEON BLVD STE 1104
City-St-Zip: CORAL GABLES, FL 331345427 US**Title:** VSD () Delete
Name: BLANCO, ANDRES
Address: 2333 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 331345427 US**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VSD (X) Change () Addition
Name: BLANCO, ANDRES
Address: 2333 PONCE DE LEON BLVD STE 1104
City-St-Zip: CORAL GABLES, FL 331345427 US**Title:** TD () Change (X) Addition
Name: VILLASMIL, CARLOS
Address: 2333 PONCE DE LEON BLVD STE 1104
City-St-Zip: CORAL GABLES, FL 331345427 US**Title:** D () Change (X) Addition
Name: VILLASMIL, ALBERTO
Address: 2333 PONCE DE LEON BLVD STE 1104
City-St-Zip: CORAL GABLES, FL 331345427 US

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: ANDRES BLANCO

VSD

06/09/2005

Electronic Signature of Signing Officer or Director_____
Date