



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90032 038 \*\*\*150.00

<b>DOCUMENT # P02000125066</b> 1. Entity Name TRANSACTIONS FEE, INC.					
Principal Place of Business 819 NO 31 COURT HOLLYWOOD, FL 33021			Mailing Address 819 NO 31 COURT HOLLYWOOD, FL 33021		
2. Principal Place of Business 840 S. Park Road Suite, Apt. #, etc. # 5117 City & State Hollywood, FL Zip 33021 Country US		3. Mailing Address 840 S. Park Road Suite, Apt. #, etc. # 5117 City & State Hollywood, FL Zip 33021 Country US			
03062004 Chg-P CR2E034 (10/03)				4. FEI Number 14-1858007	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  KALEKY, SONYA 819 NO 31 COURT HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Kaleky, Sonya Street Address (P.O. Box Number is Not Acceptable) 840 S. Park Road #5117 City Hollywood FL Zip Code 33021		
B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME KALEKY, SONYA STREET ADDRESS 819 NO 31 COURT CITY-ST-ZIP HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE D NAME Kaleky, Sonya STREET ADDRESS 840 S. Park Road #5117 CITY-ST-ZIP Hollywood, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: <u>Sonya Kaleky</u> <u>Sonya Kaleky</u>			Date <u>3-22-04</u> Daytime Phone # <u>754-5814659</u>		