2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 19, 2007 8:00 am
Secretary of State
04-04-2007 90169 004 ***150.00

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1. Entity Name
TRANS-CONSULTING CORP.

Principal Place of Business	Mailing Address
141 NE 3RD AVENUE 406 MIAMI, FL 33132	141 NE 3RD AVENUE 406 MIAMI, FL 33132

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 381 Madeira Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. 11
City & State	City & State Coral Gables, FL
Zip / Country	Zip 33134 / Country USA

02122007 Chg-P CR2E034 (12/06)

4. FEI Number 82-0576842 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COEGO, MARGARITA 2801 PONCE DE LEON STE 1280 141 NE 3RD AVE #406 MIAMI, FL 33132	Name Pablo Bausili Street Address (P.O. Box Number is Not Acceptable) 4675 Ponce de Leon Blvd #305 City Coral Gables, FL Zip Code 33146

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Pablo Bausili (President) 03/30/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☒ Delete	TITLE	President ☒ Change ☐ Addition
NAME	COEGO, MARGARITA	NAME	Pablo Bausili
STREET ADDRESS	141 NE 3RD AVE #406	STREET ADDRESS	4675 Ponce de Leon Blvd #305
CITY-ST-ZIP	MIAMI, FL 33132	CITY-ST-ZIP	Coral Gables, FL 33146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 03/30/07 305-588-5659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #