

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031790

FILED  
May 01, 2004  
Secretary of State

**Entity Name:** TRANSBAN MONEY TRANSMITTER CORP.

**Current Principal Place of Business:**

17110 ARVIDA PARKWAY  
SUITE #1  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

17110 ARVIDA PARKWAY  
SUITE # 1  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 26-0062359

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OCTAVIO, MARIELENA  
17110 ARVIDA PARKWAY  
SUITE #1  
WESTON, FL 33326 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D/P ( ) Delete  
Name: VELUTINI, BERNARDO  
Address: 3200 NE 190 STREET  
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete  
Name: REEVES, GEORGE  
Address: 3200 NE 190 STREET  
City-St-Zip: AVENTURA, FL 33180

Title: VP/S ( ) Delete  
Name: OCTAVIO, MARIELENA  
Address: 3200 NE 190 STREET  
City-St-Zip: AVENTURA, FL 33180

**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:

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:** MARIELENA OCTAVIO

VP

05/01/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date