



**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

|  |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
|--|--|---|----|-------------|------------------|-----------------------|---------------------|------------------------|-------------------------|--------------|----|-------------|----------------|-----------------------|---------------------|------------------------|-------------------------|--------------|--|-------------|--|-----------------------|--|------------------------|--|--------------|--|-------------|--|-----------------------|--|------------------------|--|--------------|--|-------------|--|-----------------------|--|------------------------|--|
| <div style="border: 1px solid black; padding: 5px;"><b>DOCUMENT # P03000056538</b><br/>1. Entity Name<br/><b>TRANSYLVANIA INVESTMENTS GROUP, INC.</b></div>  |  | <div style="border: 1px solid black; padding: 5px; text-align: center;"></div> |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <div style="border: 1px solid black; padding: 5px;"><b>Principal Place of Business</b><br/>2433 NE 15TH AVENUE<br/>POMPAN0 BEACH, FL 33064</div>   | <div style="border: 1px solid black; padding: 5px;"><b>Mailing Address</b><br/>2433 NE 15TH AVENUE<br/>POMPAN0 BEACH, FL 33064</div> |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <div style="border: 1px solid black; padding: 5px;"><br/>03252005    No Chg-P    CR2E034 (10/03)</div>   |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <div style="border: 1px solid black; padding: 5px;"><div style="display: flex; justify-content: space-between;"><div>4. FEI Number<br/>80-0067441</div><div>Applied For<br/>Not Applicable</div></div></div>   |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <div style="border: 1px solid black; padding: 5px;"><div style="display: flex; justify-content: space-between;"><div>5. Certificate of Status Desired    <input type="checkbox"/></div><div>\$8.75 Additional<br/>Fee Required</div></div></div>   |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <div style="border: 1px solid black; padding: 5px;"><b>6. Name and Address of Current Registered Agent</b><br/><br/>ARDELEAN, EMILIA<br/>2433 NE 15TH AVENUE<br/>POMPAN0 BEACH, FL 33064</div>   | <div style="border: 1px solid black; padding: 50px 0;"><b>DO NOT WRITE<br/>IN THIS SPACE</b></div>                                   |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>8.</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.   |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____<br/><small>Signature, typed or printed name of registered agent and title if applicable</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>   |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 30%;"><b>FILE NOW!!! FEE IS \$150.00</b><br/><b>After May 1, 2005 Fee will be \$550.00</b></div><div style="width: 30%;"><b>9. Election Campaign Financing</b><br/>Trust Fund Contribution.    <input type="checkbox"/>    <b>\$5.00</b> May Be<br/>Added to Fees</div><div style="width: 30%;"></div></div>  |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <div style="border: 1px solid black; padding: 5px;"><b>10. OFFICERS AND DIRECTORS</b></div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;"><b>TITLE</b></td><td>PD</td></tr><tr><td><b>NAME</b></td><td>ARDELEAN, EMILIA</td></tr><tr><td><b>STREET ADDRESS</b></td><td>2433 NE 15TH AVENUE</td></tr><tr><td><b>CITY - ST - ZIP</b></td><td>POMPAN0 BEACH, FL 33064</td></tr><tr><td><b>TITLE</b></td><td>VD</td></tr><tr><td><b>NAME</b></td><td>ARDELEAN, IOAN</td></tr><tr><td><b>STREET ADDRESS</b></td><td>2433 NE 15TH AVENUE</td></tr><tr><td><b>CITY - ST - ZIP</b></td><td>POMPAN0 BEACH, FL 33064</td></tr><tr><td><b>TITLE</b></td><td></td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY - ST - ZIP</b></td><td></td></tr><tr><td><b>TITLE</b></td><td></td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY - ST - ZIP</b></td><td></td></tr><tr><td><b>TITLE</b></td><td></td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY - ST - ZIP</b></td><td></td></tr></table> |  | <b>TITLE</b>  | PD | <b>NAME</b> | ARDELEAN, EMILIA | <b>STREET ADDRESS</b> | 2433 NE 15TH AVENUE | <b>CITY - ST - ZIP</b> | POMPAN0 BEACH, FL 33064 | <b>TITLE</b> | VD | <b>NAME</b> | ARDELEAN, IOAN | <b>STREET ADDRESS</b> | 2433 NE 15TH AVENUE | <b>CITY - ST - ZIP</b> | POMPAN0 BEACH, FL 33064 | <b>TITLE</b> |  | <b>NAME</b> |  | <b>STREET ADDRESS</b> |  | <b>CITY - ST - ZIP</b> |  | <b>TITLE</b> |  | <b>NAME</b> |  | <b>STREET ADDRESS</b> |  | <b>CITY - ST - ZIP</b> |  | <b>TITLE</b> |  | <b>NAME</b> |  | <b>STREET ADDRESS</b> |  | <b>CITY - ST - ZIP</b> |  |
| <b>TITLE</b>   | PD   |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>NAME</b>  | ARDELEAN, EMILIA   |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>STREET ADDRESS</b>  | 2433 NE 15TH AVENUE  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>CITY - ST - ZIP</b>   | POMPAN0 BEACH, FL 33064  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>TITLE</b>   | VD   |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>NAME</b>  | ARDELEAN, IOAN   |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>STREET ADDRESS</b>  | 2433 NE 15TH AVENUE  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>CITY - ST - ZIP</b>   | POMPAN0 BEACH, FL 33064  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>TITLE</b>   |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>NAME</b>  |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>STREET ADDRESS</b>  |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>CITY - ST - ZIP</b>   |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>TITLE</b>   |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>NAME</b>  |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>STREET ADDRESS</b>  |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>CITY - ST - ZIP</b>   |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>TITLE</b>   |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>NAME</b>  |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>STREET ADDRESS</b>  |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>CITY - ST - ZIP</b>   |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <div style="border: 1px solid black; padding: 5px;"><div style="display: flex; justify-content: space-between;"><div>000000295207<br/>04/09/05-80018-018 150.00</div><div><b>DO NOT WRITE<br/>IN THIS SPACE</b></div></div></div>  |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <b>12.</b> 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.   |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |
| <div style="display: flex; justify-content: space-between;"><div>SIGNATURE: _____<br/><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div>03/29/05<br/><small>Date</small></div><div><small>Daytime Phone #</small></div></div>  |  |   |    |             |                  |                       |                     |                        |                         |              |    |             |                |                       |                     |                        |                         |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |              |  |             |  |                       |  |                        |  |