

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000095730

FILED
Feb 07, 2005
Secretary of State

Entity Name: TRANSCENT PRODUCTS INC.

Current Principal Place of Business:

791 CRANDON BLVD., STE 702
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

791 CRANDON BLVD., STE 702
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 37-1474485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARZAN, SARA
791 CRANDON BLVD., STE 702
KEY BISCAYNE, FL 33149 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: P () Delete
Name: VARZAN, SARA
Address: 791 CRANDON BLVD., STE 702
City-St-Zip: MIAMI, FL 33148

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VARZAN, SARA
Address: 791 CRANDON BLVD., STE 702
City-St-Zip: MIAMI, FL 33148 US

Title: VP () Change (X) Addition
Name: FERRO, ANTHONY
Address: 16959 SW 141 AVE
City-St-Zip: MIAMI, FL 33177 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: SARA VARZAN

P

02/07/2005

Electronic Signature of Signing Officer or Director

Date