


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90016 032 ***150.00

DOCUMENT # P03000099316

1. Entity Name
FLORIDIAN AMERICA, INC.



Principal Place of Business
**520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI, FL 33131**

Mailing Address
**520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI, FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



02032005 Chg-P CR2E034 (10/03)

4. FEI Number
56-2415853

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TRANSGLOBAL CORPORATE ADMINISTRATION, LLC
 520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DE COFINO, YOLANDA	
STREET ADDRESS	P.O. BOX 025339	
CITY-ST-ZIP	MIAMI, FL 331025339	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE FERNANDEZ, LIZA	
STREET ADDRESS	P.O. BOX 025339	
CITY-ST-ZIP	MIAMI, FL 331025339	
TITLE	D	<input type="checkbox"/> Delete
NAME	COFINO, ALVARO	
STREET ADDRESS	P.O. BOX 025339	
CITY-ST-ZIP	MIAMI, FL 331025339	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE FERNANDEZ, LIZA COFINO	
STREET ADDRESS	520 Brickell Key Dr #0305	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COFINO, ALVARO	
STREET ADDRESS	520 Brickell Key Dr #0.305	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COFINO Christian	
STREET ADDRESS	520 Brickell Key Dr #0-305	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Yolanda De Cofino **03/15/2005** **(305)3743800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #