

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099316

Entity Name: FLORIDIAN AMERICA, INC.

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI, FL 33131 US

## Current Mailing Address:

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

## New Mailing Address:

520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI, FL 33131 US

FEI Number: 56-2415853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

DYMAX INTERNATIONAL SERVICES, INC.  
520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI, FL 33131 US

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: RICARDO DEL GIGLIO

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DE COFINO, YOLANDA  
Address: P.O. BOX 025339  
City-St-Zip: MIAMI, FL 331025339

Title: D ( ) Delete  
Name: DE FERNANDEZ, LIZA  
Address: P.O. BOX 025339  
City-St-Zip: MIAMI, FL 331025339

Title: D ( ) Delete  
Name: COFINO, ALVARO  
Address: P.O. BOX 025339  
City-St-Zip: MIAMI, FL 331025339

Title: PSD ( ) Delete  
Name: DE FERNANDEZ, LIZA COFINO  
Address: 520 BRICKELL KEY DR, # 0305  
City-St-Zip: MIAMI, FL 33131

Title: VPD ( ) Delete  
Name: ALVARO, COFINO  
Address: 520 BRICKELL KEY DR, # 0305  
City-St-Zip: MIAMI, FL 33131

## 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:

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 exemption stated 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 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: LIZA COFINO DE FERNANDEZ

PSD

04/29/2008

Electronic Signature of Signing Officer or Director

Date