

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

03-29-2004 90392 017 ***150.00

DOCUMENT # P03000099852					
1. Entity Name TRANS-OPERA OF AMERICA, INC.					
Principal Place of Business 93 HENDRICKS ISLE FT. LAUDERDALE, FL 33301			Mailing Address 93 HENDRICKS ISLE FT. LAUDERDALE, FL 33301		
2. Principal Place of Business 101 NE 3rd Avenue Suite, Apt. #, etc. Suite 1500 City & State Ft. Lauderdale, FL Zip 33301		3. Mailing Address 101 NE 3rd Avenue Suite, Apt. #, etc. Suite 1500 City & State Ft. Lauderdale, FL Zip 33301		02102004 Chg-P CR2E034 (10/03)	
Country US		Country US		4. FEI Number 20-0222710	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LARRY J. BEHAR, P.A. 888 S.E. THIRD AVE., STE. 400 FT. LAUDERDALE, FL 33316			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMMER, PRISCILLA 93 HENDRICKS ISLE FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>X Priscilla Kramer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/25/04</u> Daytime Phone # <u>PMALL</u>		