


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90998 019 ***150.00

DOCUMENT # P03000146727	
1. Entity Name TRANSCORPORATE SERVICES INC.	

Principal Place of Business 328 MINORCA AVENUE, 2ND FLOOR CORAL GABLES, FL 33134	Mailing Address 328 MINORCA AVENUE, 2ND FLOOR CORAL GABLES, FL 33134
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14018999

2. Principal Place of Business 269 Giralda Ave	3. Mailing Address 269 Giralda Ave.
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134	Country USA



04262004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0759716	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent M.S. GREENE & ASSOCIATES, P.A. 328 MINORCA AVENUE, 2ND FLOOR CORAL GABLES, FL 33134	
7. Name and Address of New Registered Agent Name Address Change Only Street Address (P.O. Box Number is Not Acceptable) 269 Giralda Ave, Suite 201 City Coral Gables FL Zip Code 33134	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, MICHAEL STEVEN 328 MINORCA AVENUE, 2ND FLOOR CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Greene, Michael Steven 269 Giralda Ave, Suite 201 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Steven Greene, President 4/26/04

Date

305-444-2610