

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000004098

Entity Name: TRANS-GLOBAL PHARMACEUTICALS, INC.

FILED
Oct 06, 2005
Secretary of State

Current Principal Place of Business:

7370 NW 5TH STREET
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

7370 NW 5TH STREET
PLANTATION, FL 33317

New Mailing Address:

P.O. BOX 850516
BRAINTREE, MA 02185

FEI Number: 20-0515606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEVLIN, BARRY T ESQ.
1111 KANE CONCOURSE
SUITE 605
BAY HARBOR ISLANDS, FL 33154 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: SHEVLIN BARRY

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: WALKER, MARCIA
Address: 7370 NW 5TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: CEO () Delete
Name: WALKER, MARCIA
Address: 7370 NW 5TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: TD (X) Delete
Name: RAU, PRAKASH
Address: 14 TRIPHAMMER ROAD
City-St-Zip: HINGHAM, MA 02043

Title: CFO (X) Delete
Name: RAU, PRAKASH
Address: 14 TRIPHAMMER ROAD
City-St-Zip: HINGHAM, MA 02043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: RAU, PRAKASH
Address: 14 TRIPHAMMER ROAD
City-St-Zip: HINGHAM, MA 02043

Title: CFO (X) Change () Addition
Name: RAU, PRAKASH
Address: 14 TRIPHAMMER ROAD
City-St-Zip: HINGHAM, MA 02043

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 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: RAU PRAKASH

PSD

10/06/2005

Electronic Signature of Signing Officer or Director

Date