

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000113661

Entity Name: TRANSTEC SYSTEMS, INC.

FILED  
Jun 02, 2007  
Secretary of State

## Current Principal Place of Business:

2636 RIVIERA DR  
MIRAMAR, FL 33023

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 245037  
PEMBROKE PINES, FL 33024

## New Mailing Address:

FEI Number: 04-3796168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

RASARAN, SASTRI D  
2636 RIVIERA DRIVE  
MIRAMAR, FL 33023 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: SASTRI D RASARAN

06/02/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: BANEY, ANNMARIE  
Address: PO BOX 245037  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP ( ) Delete  
Name: DAVID, SOOKDEO  
Address: PO BOX 245037  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S (X) Delete  
Name: SEAN, FALCON  
Address: PO BOX 245037  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T (X) Delete  
Name: ANN, RAMLOCHAN  
Address: PO BOX 245037  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D (X) Delete  
Name: JAMES, AUTER  
Address: PO BOX 245037  
City-St-Zip: PEMBROKE PINES, FL 33024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: RASARAN, SASTRI D  
Address: PO BOX 245037  
City-St-Zip: PEMBROKE PINES, FL 33024

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: SASTRI D RASARAN

VP

06/02/2007

Electronic Signature of Signing Officer or Director

Date