

DOCUMENT # P06000053191

1. Entity Name  
TRANSKY INC

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90007 046 \*\*\*150.00

Principal Place of Business <del>2215 MURDOCK BLVD</del> <del>ORLANDO, FL 32817</del> US <b>15347 GALBI DR. ORLANDO FL 32828</b>		Mailing Address <del>2215 MURDOCK BLVD</del> <del>ORLANDO, FL 32817</del> US <b>15347 GALBI DR. ORLANDO FL 32828</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  HERRERA, RICARDO <del>2215 MURDOCK BLVD</del> <del>ORLANDO, FL 32817</del>		7. Name and Address of New Registered Agent Name <b>HERRERA, RICARDO</b> Street Address (P.O. Box Number is not acceptable) <b>15347 GALBI DR</b> City <b>ORLANDO</b> FL <b>32828</b>	
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 <i>[Signature]</i>		PRES - RICARDO HERRERA 03-05-07	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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	P HERRERA, RICARDO <del>2215 MURDOCK BLVD</del> <del>ORLANDO, FL 32817</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>15347 GALBI DR.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <b>ORLANDO-FL-32828</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CADAHIA, MARYOLIS <del>2215 MURDOCK BLVD</del> <del>ORLANDO, FL 32817</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>15347 GALBI DR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <b>ORLANDO FL 32828</b>
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"/> Add
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"/> Add
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"/> Add
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"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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

*[Signature]* **RICARDO HERRERA** PRES-3/5/07-407-92320