2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P07000020969

Entity Name: TRANSCOM MARKET AND CD INC.

Current Principal Place of Business:

1550 N. FEDERAL HWY
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

1550 N. FEDERAL HWY
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 75-3237699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MONDESIR, BERTHILDE
1550 N. FEDERAL HWY
BOYNTON BEACH, FL 33435 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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MONDESIR, BERTHILDE
Address: 1550 N. FEDERAL HWY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP/D ( ) Delete
Name: LUBERISSE, EDZER
Address: 313 SW 1ST AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: T ( ) Delete
Name: LUBERISSE, KIMBERLY
Address: 313 SW 1ST AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: S/D ( ) Delete
Name: AUGUSTIN, DOUDNEY
Address: 317 SW 1ST AVE
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: EDZER LUBERISSE DIR 04/29/2009

Electronic Signature of Signing Officer or Director — Date