2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 25, 2008
Secretary of State

DOCUMENT# P07000037651

Entity Name: TRANSCON FOODS, INC.

Current Principal Place of Business:

8671 NW 56TH STREET
SUITE A42
DORAL, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

8671 NW 56TH STREET
SUITE A42
DORAL, FL 33166 US

New Mailing Address:

FEI Number: 20-8710780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DUVEKOT CORPORATION
8671 NW 56TH STREET
DORAL, FL 33166 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MACHADO, ALDAIR S
Address: 8671 NW 56TH STREET, SUITE A42
City-St-Zip: DORAL, FL 33166 US

Title: P ( ) Delete
Name: MACHADO, ALDAIR S
Address: 8671 NW 56TH STREET, SUITE A42
City-St-Zip: DORAL, FL 33166 US

Title: S ( ) Delete
Name: MACHADO, ALDAIR S
Address: 8671 NW 56TH STREET, SUITE A 42
City-St-Zip: DORAL, FL 33166 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MACHADO, ALDAIR S
Address: 8671 NW 56TH STREET, SUITE A42
City-St-Zip: DORAL, FL 33166 US

Title: S (X) Change ( ) Addition
Name: MACHADO, ALDAIR S
Address: 8671 NW 56TH STREET, SUITE A42
City-St-Zip: DORAL, FL 33166 US

Title: D (X) Change ( ) Addition
Name: SECCATTO, ADEMAR C
Address: 8671 NW 56TH STREET, SUITE A 42
City-St-Zip: DORAL, FL 33166 US

Title: D ( ) Change (X) Addition
Name: LIZOT, VANDERLEI M
Address: 8671 NW 56TH STREET, SUITE A 42
City-St-Zip: DORAL, FL 33166 US

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: ALDAIR S MACHADO P 06/25/2008

Electronic Signature of Signing Officer or Director Date