

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000056798

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** TRANSMISSION CENTER OF SOUTH FLORIDA, INC

**Current Principal Place of Business:**

4897 NORTH UNIVERSITY DRIVE  
LAUDERHILL, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

4897 NORTH UNIVERSITY DRIVE  
LAUDERHILL, FL 33351

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARISI, PETER R  
4045 N.W. 16TH STREET  
SUITE 111  
FT. LAUDERDALE, FL 33313 US

**Name and Address of New Registered Agent:**

PARISI CPA, PA, PETER P  
4045 N.W. 16TH STREET  
SUITE 111  
FT. LAUDERDALE, FL 33313 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: PETER P. PARISI CPA,PA

04/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DIGIACINTO, MICHELE  
Address: 4897 NORTH UNIVERSITY DRIVE  
City-St-Zip: LAUDERHILL, FL 33351

Title: D  
Name: PAZMINO, MARCO M  
Address: 4897 NORTH UNIVERSITY DRIVE  
City-St-Zip: LAUDERHILL, FL 33351

I hereby 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 all other like empowered.

SIGNATURE: MICHELE DIGIACINTO

D

04/21/2011

Electronic Signature of Signing Officer or Director

Date