

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000023890

Entity Name: TRANS ALB EXPRESS INC

**FILED**  
**Mar 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2625 STATE ROAD 590  
UNIT 2724  
CLEARWTER, FL 33759

**New Principal Place of Business:**

**Current Mailing Address:**

2625 STATE ROAD 590  
UNIT 2724  
CLEARWTER, FL 33759 US

**New Mailing Address:**

2625 STATE ROAD 590  
UNIT 2724  
CLEARWTER, FL 33759

FEI Number: 27-5566516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

POSHI, DORIAN  
2625 STATE ROAD 590  
UNIT 2724  
CLEARWATER, FL 33759 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: P  
Name: POSHI, DORIAN  
Address: 2625 STATE ROAD 590 UNIT 2724  
City-St-Zip: CLEARWATER, FL 33759 US

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: DORIAN POSHI

PRES

03/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date