# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Mar 30, 2006**
**Secretary of State**

DOCUMENT# P93000012159

**Entity Name:** TRANSVALUE, INC.

**Current Principal Place of Business:**

9065 NW 13 TERR
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number: 65-0393632** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131 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: PDCE ( ) Delete
Name: MONTALVO, LUIS F
Address: 5436 SW 191 TERRACE
City-St-Zip: MIRAMAR, FL 33029

Title: S ( ) Delete
Name: MONTALVO, MARENA M
Address: 5436 SW 191 TERRACE
City-St-Zip: MIRAMAR, FL 33029

Title: DVP ( ) Delete
Name: RODRIGUEZ, JESUS G
Address: 14085 SW 104 COURT
City-St-Zip: MIAMI, FL 33176

Title: D (X) Delete
Name: HEURTEMATTE, MAX
Address: 9065 NW 13 TERRACE
City-St-Zip: MIAMI, FL 33172

Title: D (X) Delete
Name: AREVALO, HECTOR H
Address: 9065 NW 13 TERRACE
City-St-Zip: MIAMI, FL 33172

Title: DVP (X) Delete
Name: DE LEON, EDUARDO
Address: 9065 NW 13 TERRACE
City-St-Zip: MIAMI, FL 33172

**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:

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 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: LUIS F. MONTALVO PDCE 03/30/2006

Electronic Signature of Signing Officer or Director — Date