


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name TRANSTAINER CORP.	P93000048473 
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FILED
03 OCT 16 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8120 N.W. 29 STREET Suite, Apt. #, etc.	3. Mailing Address 2600 S. DOUGLAS RD. Suite, Apt. #, etc. PH-6
City & State MIAMI, FLORIDA	City & State CORAL GABLES, FLORIDA
Zip 33122	Country USA
Zip 33134	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0424906	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75

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7. Name and Address of Current Registered Agent	
Name JOSE M. WOLF	
Street Address (P.O. Box Number is Not Acceptable) 8120 N.W. 29 STREET	
City MIAMI	FL Zip Code 33122

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP P/S/D JOSE M. WOLF 8120 N.W. 29 ST. MIAMI, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP 500024222315 10/29/03--01008--009 **317.50
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE: Jose M Wolf JOSE M WOLF 10-13-03 (305) 634-0500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TRANSTAINER CORP.

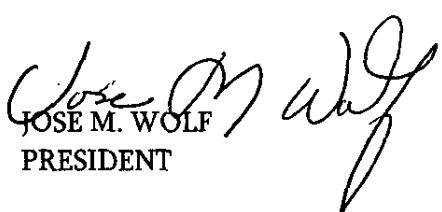
TO WHOM IT MAY CONCERN:
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY


JOSE M. WOLF
PRESIDENT