

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P93000066276

Entity Name: TRANSFACILITY, INC.

**FILED**  
**Sep 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1904 NW 79 AVENUE  
DORAL, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

1904 NW 79 AVENUE  
DORAL, FL 33126

**New Mailing Address:**

FEI Number: 65-0450933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

QUARANTA, YORAIMA  
8954 SW 227 TERR  
MIAMI, FL 33190 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: PSD  
Name: QUARANTA, YORAIMA  
Address: 8954 SW 227 TERR  
City-St-Zip: MIAMI, FL 33190

Title: VTD  
Name: SICILIA - SALINA, NILA MANYELI  
Address: 1904 NW 79 AVE  
City-St-Zip: DORAL, FL 33126

Title: T  
Name: QUARANTA, RENATO  
Address: 1904 NW 79 AVE  
City-St-Zip: DORAL, FL 33126

Title: S  
Name: GARCIA, JOSE A  
Address: 1904 NW 79 AVE  
City-St-Zip: DORAL, FL 33126

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: YORAIMA QUARANTA

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09/17/2012

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

\_\_\_\_\_  
Date