2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2006 8:00 am Secretary of State DOCUMENT # P94000028724 1. Entity Name 05-03-2006 90197 041 ***150.00 TRANS - AERO - MAR, INC. Mailing Address Principal Place of Business 1203 N.W. 93RD CT. MIAMI FL 33172 1203 N.W. 93RD CT. MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address 8620 N.W. 70th. STREET 8620 N.W. 70th. STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0487817 Not Applicable MIAMI. <u>MIAMI, FI</u> Country \$8.75 Additional Zip 33166 Country 5. Certificate of Status Desired 33166 **USA** USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RANGEL, LUIS G RANGEL, LUIS G Street Address (P.O. Box Number is Not Acceptable) 1203 N.W. 93RD CT. **MIAMI FL 33172** 14523 S.W. 125th PLACE MIAMI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE Change ☐ Addition NAME RANGEL, LUIS G NAME RANGEL, LUIS G STREET ADDRESS STREET ADDRESS 1203 N W 93RD CT 14523 S.W. 125th Pl -Miami,FL 33186 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 TITLE ☐ Change Addition TITLE Delete NAME RANGEL, PEDRO M STREET ADDRESS STREET ADDRESS 1203 NW 93RD CT CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TIFLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition Addition TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this/filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

Luis G Rangel

FILED

4/17/2006

Daytime Phone #

Date