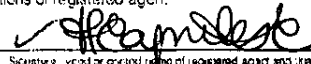
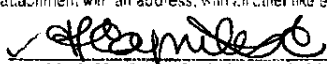


FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90252 003 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P94000087539			
1. Entity Name TRANSMAGNECA, INC.			
Principal Place of Business 13744 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33181 US		Mailing Address 13744 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33181 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0537838		4. FEI Number 65-0537838	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARIAS, IGNACIO J SR 370 NE 212 ST N MIAMI BEACH, FL 33179		7. Name and Address of New Registered Agent Name: <u>ARIAS, JOSEFINA</u> Street Address (P.O. Box Number is Not Acceptable): <u>370 NE 212 ST</u> City: <u>N MIAMI BEACH</u> FL <u>33179</u>	
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: 		DATE: <u>4-29-04</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 1:	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP ARIAS, IGNACIO J 370 NE 212 ST N MIAMI BEACH, FL 33179 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRES ARIAS, CAROLINA 370 NE 212 ST N MIAMI BEACH, FL 33179 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST ARIAS, JOSEFINA 370 NE 212 ST NO MIAMI BEACH, FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.			
SIGNATURE: 		DATE: <u>4-29-04</u> (305) 9197101	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

44044598



04292004 Chg-P CR2E034 (10/03)

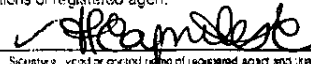
4. FEI Number 65-0537838

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name: ARIAS, JOSEFINA
 Street Address (P.O. Box Number is Not Acceptable): 370 NE 212 ST
 City: N MIAMI BEACH FL 33179

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:  DATE: 4-29-04

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

DP
 ARIAS, IGNACIO J
 370 NE 212 ST
 N MIAMI BEACH, FL 33179 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

ST
 ARIAS, JOSEFINA
 370 NE 212 ST
 NO MIAMI BEACH, FL 33179 ☐ Delete

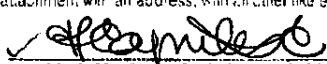
TITLE
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SIGNATURE:  DATE: 4-29-04 (305) 9197101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR