Apr 29 04 02:44p SUAREZ CEBALLOS

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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.

44044598

04292004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
13744 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33181 US	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 ☐ Applied For ☐ Not Applicable

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: ARIAS, JOSEFINA
Street Address (P.O. Box Number is Not Acceptable): 370 NE 212 ST.
City: N. MIAMI BEACH FL Zip Code: 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: [signature] DATE: 4-29-04
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
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 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARIAS, IGNACIO J 370 NE 212 ST N MIAMI BEACH, FL 33179	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ARIAS, CAROLINA 370 NE 212 ST. N. MIAMI BEACH, FL. 33179	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARIAS, JOSEFINA 370 NE 212 ST NO MIAMI BEACH, FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JOSEFINA ARIAS SECRETARY 4-29-04 (305) 9197101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #