2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000087539

FILED Feb 05, 2009 Secretary of State

Entity Name: TRANSMAGNECA, INC. **Current Principal Place of Business: New Principal Place of Business:** 13744 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33181 US **Current Mailing Address: New Mailing Address:** 13744 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33181 US FEI Number: 65-0537838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAPRILES, JOSEFINA 370 NE 212 ST N MIAMI BEACH, FL 33179 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ARIAS, CAROLINA ARIAS, IGNACIO Name: Name: 370 NE 212 ST 7785 NW 201 TERR Address: Address: City-St-Zip: N MIAMI BEACH, FL 33179 City-St-Zip: MIAMI, FL 33015

Title: ST () Delete Title: () Change () Addition

 Name:
 CAPRILES, JOSEFINA
 Name:

 Address:
 370 NE 212 ST
 Address:

 City-St-Zip:
 NO MIAMI BEACH, FL 33179 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: IGNACIO ARIAS P 02/05/2009