

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90208 041 \*\*\*150.00

**DOCUMENT # P95000049057**

1. Entity Name  
**TRANSACTION COORDINATOR SERVICES, INC.**



Principal Place of Business  
**10181 SW 4TH ST  
FT LAUDERDALE, FL 33324**

Mailing Address  
**10181 SW 4TH ST  
FT LAUDERDALE, FL 33324**

**DO NOT WRITE IN THIS SPACE**



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0618421**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GOLDBERG, MARK H  
10000 STIRLING RD #1  
COOPER CITY, FL 33024**

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WISHNIA, JULIUS
STREET ADDRESS	10181 SW 4TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33324
TITLE	VST
NAME	WISHNIA, SARAH
STREET ADDRESS	10181 SW 4TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Julius Wishnia* **JULIUS WISHNIA**

**2-10-06 954-474-474**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #