2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000006059

Entity Name: TRANS FLORIDA DEVELOPMENT CORP

FILED Jan 09, 2008 Secretary of State

| Entity Name: TRANS FLORIDA DEVELOPMENT CORP. | | | | | | |
|--|---|-----------------------------------|---|--|-------------------------------------|--|
| Current Pr | incipal Place | of Business: | New Prince | New Principal Place of Business: | | |
| 13960 SW MIAMI, FL | 144 AVE RD 33186 US | | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| 13960 SW MIAMI, FL | 144 AVE RD 33186 US | | | | | |
| FEI Number: | 65-0635186 | FEI Number Applied For () | FEI Number Not Appl | licable () | Certificate of Status Desired (X) | |
| Name and | Address of C | urrent Registered Agent: | Name and | Name and Address of New Registered Agent: | | |
| MELO, AQU 7850 SW 8 MIAMI, FL | 4 PLACE | | MELO, AQ 5840 S.W. PINECRES | | US | |
| The above in the State | | ubmits this statement for the pur | pose of changing i | ts registered of | ffice or registered agent, or both, | |
| SIGNATURE: | | | | | 01/09/2008 | |
| | Electroni | c Signature of Registered Agent | t | | Date | |
| Election Cam | paign Financing | Trust Fund Contribution (). | | | | |
| OFFICERS | AND DIRECT | ORS: | ADDITION | IS/CHANGES | TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD () MELO, AQUILIN 7850 SW 84 PL MIAMI, FL 3314 | ACE . | Title: Name: Address: City-St-Zip: | PD (X) MELO, AQUILIN 5840 S.W. 96 S PINECREST, FL | T. | |
| Title: Name: Address: City-St-Zip: | STD () MELO, LOURDE 7850 SW 84 PL/ MIAMI, FL 3314 | ACE | Title: Name: Address: City-St-Zip: | STD (X) MELO, LOURDE 5840 S.W. 96 S PINECREST, FL | т. | |
| Title: Name: Address: City-St-Zip: | V () ENCINOSA, ROI 9146 S.W. 113 A MIAMI, FL 3317 | NVE. | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () MADDOX, DENN 1591 N. GOLDE HOMESTEAD, F | NEYE LANE | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () MELO, AQUILIN 6202 S.W. 158 0 MIAMI, FL 3319 | COURT | Title: Name: Address: City-St-Zip: | () | Change () Addition | |

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: LOURDES M. MELO STD 01/09/2008