

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000006059

FILED
Apr 21, 2009
Secretary of State

Entity Name: TRANS FLORIDA DEVELOPMENT CORP.

Current Principal Place of Business:

13960 SW 144 AVE RD
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

13960 SW 144 AVE RD
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0635186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MELO, AQUILINO
5840 S.W. 96 ST.
PINECREST, FL 33156 US

Name and Address of New Registered Agent:

MELO, AQUILINO
13960 S.W. 144 AVE. RD.
MIAMI, FL 33186 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:

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MELO, AQUILINO
Address: 5840 S.W. 96 ST.
City-St-Zip: PINECREST, FL 33156

Title: STD () Delete
Name: MELO, LOURDES M
Address: 5840 S.W. 96 ST.
City-St-Zip: PINECREST, FL 33156

Title: V () Delete
Name: ENCINOSA, ROLANDO J
Address: 9146 S.W. 113 AVE.
City-St-Zip: MIAMI, FL 33176

Title: VP () Delete
Name: MADDOX, DENNIS D
Address: 1591 N. GOLDENEYE LANE
City-St-Zip: HOMESTEAD, FL 33035

Title: VP () Delete
Name: MELO, AQUILINO F
Address: 6202 S.W. 158 COURT
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MADDOX, DENNIS D
Address: 1591 N. GOLDENEYE LANE
City-St-Zip: HOMESTEAD, FL 33035

Title: V (X) Change () Addition
Name: MELO, AQUILINO F
Address: 6202 S.W. 158 COURT
City-St-Zip: MIAMI, FL 33193

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

04/21/2009

Electronic Signature of Signing Officer or Director

Date