



FILED
May 15, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | | | | |
|--|--|--|------------------------------------|--|---|--|
| DOCUMENT # P96000012183 | |  | | | | |
| 1. Entity Name TRANSAMERICA EXPRESS OF MIAMI CORP. | | | | | | |
| Principal Place of Business 11013 NW 30 ST. 105 MIAMI, FL 33172 US | Mailing Address 11013 NW 30 ST. 105 MIAMI, FL 33172 US |  05122008 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 65-0643664</td><td style="width: 40%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table> | 4. FEI Number 65-0643664 | Applied For <input type="checkbox"/> Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 4. FEI Number 65-0643664 | Applied For <input type="checkbox"/> Not Applicable | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | |
| 6. Name and Address of Current Registered Agent TALAVERA, ULISES M 11013 NW 30 ST. SUITE 105 MIAMI, FL 33172 | | | | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | | |
| TITLE | P | | | | | |
| NAME | TALAVERA, ULISES M | | | | | |
| STREET ADDRESS | 11013 NW 30 ST. SUITE 105 | | | | | |
| CITY-ST-ZIP | MIAMI, FL 33172 | | | | | |
| TITLE | | | | | | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
| TITLE | | | | | | |
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| 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: <u>Ulises M. Talavera</u> | | 5/12/08 305-640-0636 | | | | |
| <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | | | | |