

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90174 016 \*\*\*150.00

20046935



01142005 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0772194

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATION ADMINISTRATIN, LLC  
520 BRICKELL KEY DRIVE STE 0-305  
MIAMI, FL 33131

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	FREEMAN, STEPHAN A	
STREET ADDRESS	520 BRICKELL KEY DRIVE STE 0-305	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GAYSIN, BORIS	
STREET ADDRESS	520 BRICKELL KEY DR. #305	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Samuel P. Haven	
STREET ADDRESS	520 Brickell Key Dr., Suite 0-305	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stephen A. Freeman 2/2/05 (305) 374-3800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #