2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000020588

Entity Name

TRANSGLOBAL CORPORATE ADMINISTRATION, INC.



Principal Place of Business

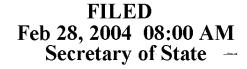
520 BRICKELL KEY DRIVE

SUITE 0-305 MIAMI, FL 33131 Mailing Address

520 BRICKELL KEY DRIVE

SUITE 0-305

MIAMI, FL 33131





1.3() (4())	DO	NOT	WRITE	E IN THIS	SPAC	F
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01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0750045 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131

SIGNATURE:

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. am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title # applicable (NOTE, Registered Agent signature required when reinstating) DATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	100000069970 03/01/04-80029-008 150.00				
10.	OFFICERS AND DIREC	TORS							
NAME STREET ADDRESS CITY-ST-ZIP	P FREEMAN, STEPHEN A 520 BRICKELL KEY DR., STE D-305 MIAMI, FL 33131								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HABER, ROBERT M 520 BRICKELL KEY DR., STE O-305 MIAMI, FL 33131								
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ROJAS, MARCO E 520 BRICKELL KEY DR., STE O-305 MIAMI, FL 33131			DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STANHAM, NICHOLAS 520 BRICKELL KEY DR., STE O-305 MIAMI, FL 33131			IN ⁻	THIS SPACE				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ARISTONDO, HILDIE 520 BRICKELL DR STE 305 MIAMI, FL 33131								
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12. I hereby certify that the information supplied with this filling 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.									