2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000015286

1. Entity Name
TRAN CONSTRUCTION, INC.

FILED
08 SEP 10 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09082008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1000 NW 54 STREET SUITE T-1 MIAMI, FL 33127	1000 NW 54 STREET SUITE T-1 MIAMI, FL 33127

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0816806 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLENDENEN, DAVID 1000 NW 54 ST., STE. T-1 MIAMI, FL 33127	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

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOUDEN, HENRY T 1000 NW 54 STREET, STE T-1 MIAMI, FL 33127 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CHRIS MIRANDA 1000 NW 54 ST MIAMI, FL 33127 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LOUDEN, HENRY T 1000 NW 54 STREET, STE T-1 MIAMI, FL 33127 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600135963296 09/16/08--01018--025 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Henry Louden President 9/8/08 305 756 7756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/10 ew