

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90287 020 \*\*\*150.00

017482 AV

**DOCUMENT # P98000065741**

1. Entity Name  
**TRANSON TOURIST INTERNATIONAL, INC.**



Principal Place of Business  
**6397 CONROY RD  
1606  
ORLANDO FL 32835**

Mailing Address  
**6397 CONROY RD  
1606  
ORLANDO FL 32835**



2. Principal Place of Business  
**6173 Raleigh St #1702**

3. Mailing Address  
**6173 Raleigh St**

Suite, Apt. #, etc.  
**#1702**

Suite, Apt. #, etc.  
**1702**

CHECK HERE IF MAKING CHANGES

City & State  
**Orlando FL**

City & State  
**Orlando FL**

4. FEI Number **59-3525449** Applied For  
Not Applicable

Zip **32835** Country **USA**

Zip **32835** Country **USA**

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

**ZYMENKO, VICTOR  
6397 CONROY RD  
SUITE 1606  
ORLANDO FL 32835**

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]* **Victor Zymenko / Director** **04/28/03**  
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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>EDDY, VALENTINA</b>	
STREET ADDRESS	<b>6397 CONROY RD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **04.28.03** **321-229654**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)