

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90063 043 ***150.00

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1. Entity Name
TRANSTAINER COSTA RICA CORP.



Principal Place of Business

PP.O.BOX 524056
MIAMI, FL 33152 US

Mailing Address

2600 S.DOUGLAS RD
PH-6
CORAL GABLES, FL 33134-4056 US

24002158



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0913963

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOLF, JOSE M
8120 NW 29 ST
MIAMI, FL 33122

**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 _____

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOLF, JOSE M
STREET ADDRESS	8120 N.W 29 ST
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 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: *Jose M Wolf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-04 (305)634-0550

Date

Daytime Phone #