
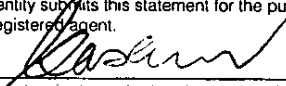



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90196 008 ***150.00

DOCUMENT # P99000042491			
1. Entity Name TRANSDATA CORPORATION			
Principal Place of Business 8501 NW 17TH STREET 101 MIAMI, FL 33126		Mailing Address 14345 SUNSET LANE FT LAUDERDALE, FL 33330	
2. Principal Place of Business 1430 SW 159 Avenue Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State	
Zip 33027	Country	Zip	Country
6. Name and Address of Current Registered Agent CHARY, KAZ K 15871 S.W. 14TH STREET PEMBROKE PINES, FL 33028		7. Name and Address of New Registered Agent Name Chary, Kaz K. Street Address (P.O. Box Number is Not Acceptable) 1430 SW 159 Avenue City Pembroke Pines FL Zip Code 33027	
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  DATE 1/9/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CHARY, KAZ K 15871 S.W. 14TH STREET PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1430 SW 159 Avenue Pembroke Pines, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date 1/9/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	