2006 FOR PROFIT CORPORATION

Mar 17, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P99000068622** 03-17-2006 90121 026 ***150.00 TRAŃSGLOBAL REALTY, INC. Mailing Address Principal Place of Business 3625 N.W. 31 AVE. 3625 N.W. 31 AVE. OAKLAND PARK, FL 33309 OAKLAND PARK, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092006 CR2E034 (11/05) Chg-P Applied For City & State 4. FEI Number City & State 65-0938260 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NATHANSON, ERIC Street Address (P.O. Box Number is Not Acceptable) 1900 EAGLE TRACE BLVD CORAL SPRINGS, FL 33071 Zip Code City 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. The State of the State of the Mary SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE CHOCK IN NE 101. 11 on, coa, jusqui ⊜a age. मिल्लाम हो है। है। है कि महिल्ला 9. Election Campaign Financing (1) Trust Fund Contribution. \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Addition Change TITLE ☐ Delete TITLE NATHANSON, ERIC NAME NAME STREET ADDRESS 1900 MERION LANE STREET ADDRESS CORAL SPRINGS, FL. 33071 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE 3 5 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE 1 " ☐ Addition -,:-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITI F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ' Delete ----Addition NAME · · · NAME . STREET ADDRESS STREET ADDRESS gridi, grade gorilli ja તાંખી 16 1-6 મ CITY-ST-ZIP ---F E OWN OS LEGING gerne pari 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 the empowered. To a

FILED

SIGNATURE: