

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90051 019 ***150.00

DOCUMENT # P99000068622 1. Entity Name TRANSGLOBAL REALTY, INC.			
Principal Place of Business 3625 N.W. 31 AVE. OAKLAND PARK, FL 33309		Mailing Address 3625 N.W. 31 AVE. OAKLAND PARK, FL 33309	
2. Principal Place of Business - No P.O. Box # 10139 N.W. 31 St.		3. Mailing Address 10139 N.W. 31 St.	
Suite, Apt. #, etc. #102		Suite, Apt. #, etc. #102	
City & State Coral Springs FL		City & State Coral Springs FL	
Zip 33065		Zip 33065	
Country USA		Country USA	
4. FEI Number 65-0938260		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NATHANSON, ERIC 1900 EAGLE TRACE BLVD CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name: Nathanson, Eric Street Address (P.O. Box Number is Not Acceptable): 10139 N.W. 31 St. #102 City: Coral Springs FL Zip Code: 33065	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NATHANSON, ERIC 1900 MERION LANE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nathanson, Eric 10139 N.W. 31 St. #102 Coral Springs, FL 33065	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/12/07 954-735-400 DATE	