


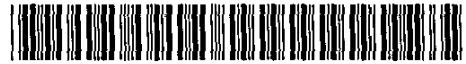
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90009 020 ***150.00

DOCUMENT # S63263 1. Entity Name TRANSCULTURAL CORPORATION					
Principal Place of Business 120 INTERNATIONAL PARKWAY #220 HEATHROW, FL 32746-5703 US			Mailing Address 533 REMINGTON OAK DRIVE LAKE MARY, FL 32746-5703 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 664 Brookfield Loop Suite, Apt. #, etc.		
City & State			City & State Lake Mary, FL 32746		
Zip		Country		4. FEI Number 59-3076219	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HUAMAN, SUSANA L. 553 REMINGTON OAK DRIVE LAKE MARY, FL 32746				7. Name and Address of New Registered Agent Name Huaman, Susana L. Street Address (P.O. Box Number is Not Acceptable) 664 Brookfield Loop City Lake Mary FL Zip Code 32746	
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 Susana L. Huaman <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 HUAMAN, SUSANA L. 533 REMINGTON OAK DRIVE LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Huaman, Susana L. 664 Brookfield Loop Lake Mary, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DRAGOSAVAC, IRVING 533 REMINGTON OAK DRIVE LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D Dragosavac, Irving 664 Brookfield Loop Lake Mary, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Susana L. Huaman, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-23-04 407-324-7745 <small>Date Daytime Phone #</small>		

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