

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # S63263

1. Entity Name
TRANSCULTURAL CORPORATION



Principal Place of Business

**664 BROOKFIELD LOOP
LAKE MARY, FL 32746-3719 US**

Mailing Address

**664 BROOKFIELD LOOP
LAKE MARY, FL 32746-3719 US**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3076219

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HUAMAN, SUSANA L.
664 BROOKFIELD LOOP
LAKE MARY, FL 32746-3719**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	HUAMAN, SUSANA L.
STREET ADDRESS	664 BROOKFIELD LOOP
CITY-ST-ZIP	LAKE MARY, FL 327463719
TITLE	VTD
NAME	DRAGOSAVAC, IRVING
STREET ADDRESS	664 BROOKFIELD LOOP
CITY-ST-ZIP	LAKE MARY, FL 327463719
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/07-80012-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

IRVING DRAGOSAVAC 1/31/07 4076206507