

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90241 038 ***150.00

DOCUMENT # V01047

1. Entity Name

TRANSACTA REALTY, INC.



Principal Place of Business

1501 COLLINS AVE
3RD FLOOR
MIAMI FL 33139
US

Mailing Address

1501 COLLINS AVE
3RD FLOOR
MIAMI FL 33139
US

15010110



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0301014

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMBERG, JOHN C
200 SOUTH BISCAYNE, P.A.
STE 2500
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME FAZILLEAU, ERIC
STREET ADDRESS 1501 COLLINS AVE 3RD FLOOR
CITY-ST-ZIP MIAMI BCH FL 33139

TITLE JACQUES BARBERA PD ☐ Change ☒ Addition
NAME 1501 COLLINS AVE
STREET ADDRESS MIAMI BCH, FL-33139
CITY-ST-ZIP

TITLE ST ☒ Delete
NAME KWIAT, ANDREW
STREET ADDRESS 1501 COLLINS AVE 3RD FLOOR
CITY-ST-ZIP MIAMI BCH FL 33139

TITLE GEORGE GIEBEL VP ☐ Change ☒ Addition
NAME 1501 COLLINS AVE
STREET ADDRESS MIAMI BCH, FL-33139
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME CUAN, ANA B
STREET ADDRESS 1501 COLLINS AVE 3RD FLOOR
CITY-ST-ZIP MIAMI FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #