


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # V20806 1. Entity Name TRANSWORLD FINANCING CORPORATION	
---	---

Principal Place of Business 2479 N.W. 36 ST. MIAMI, FL 33142 US	Mailing Address PO BOX 661096 MIAMI SPRINGS, FL 33266 US
---	--



03232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0329044	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent

CARRASCO, RENE I.
15040 S.W.51ST
MIRAMAR, FL 33027

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000098731
03/29/04-80052-014 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOMEZ DE MOLINA, SABY 3701 SW 144 AVE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARRASCO, RENE I. 15040 SW 51ST ST MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOMEZ, RODOVALDO 18671 COLLINS AVE #3304 SUNNY ISLES BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOMEZ, YRMA 18671 COLLINS AVE #3304 SUNNY ISLES BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE:

RENE I. CARRASCO
PRESIDENT

3-24-04

305-636-3404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #