

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V20806

FILED
Mar 20, 2007
Secretary of State

Entity Name: TRANSWORLD FINANCING CORPORATION

Current Principal Place of Business:

2479 N W 36 STREET
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 5345
HIALEAH, FL 33014 US

New Mailing Address:

FEI Number: 65-0329044 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARRASCO, RENE I.
2479 N W 36 STREET
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: GOMEZ DE MOLINA, SABY
Address: 2479 N W 36 STREET
City-St-Zip: MIAMI, FL 33142

Title: DP () Delete
Name: CARRASCO, RENE I.,
Address: 2479 N W 36 STREET
City-St-Zip: MIAMI, FL 33142

Title: VPD () Delete
Name: GOMEZ, RODOVALDO
Address: 2479 N W 36 STREET
City-St-Zip: MIAMI, FL 33142

Title: VP () Delete
Name: GOMEZ, YRMA
Address: 2479 N W 36 STREET
City-St-Zip: MIAMI, FL 33142

Title: VP () Delete
Name: GOMEZ DE MOLINA, JAVIER
Address: 2479 N W 36 STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: GOMEZ DE MOLINA, SABY
Address: P O BOX 5345
City-St-Zip: HIALEAH, FL 33014

Title: DP (X) Change () Addition
Name: CARRASCO, RENE I.,
Address: P O BOX 5345
City-St-Zip: HIALEAH, FL 33014

Title: VPD (X) Change () Addition
Name: GOMEZ, RODOVALDO
Address: P O BOX 5345
City-St-Zip: HIALEAH, FL 33014

Title: VP (X) Change () Addition
Name: GOMEZ, YRMA
Address: P O BOX 5345
City-St-Zip: HIALEAH, FL 33014

Title: VP (X) Change () Addition
Name: GOMEZ, RODY
Address: P O BOX 5345
City-St-Zip: HIALEAH, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SABY GOMEZ DE MOLINA

DV

03/20/2007

Electronic Signature of Signing Officer or Director

_____ Date