

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90010 014 ***150.00

DOCUMENT # V32887

1. Entity Name

TRANSMUNDO COMPANY INC.



Principal Place of Business
**999 BRICKELL AVENUE
MIAMI FL 33131**

Mailing Address

**999 BRICKELL AVENUE
MIAMI FL 33131**

34064187



MOORE

CR2E034 (11/03)

2. Principal Place of Business

999 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 1001

City & State

MIAMI

Zip
33131

Country
U.S.A.

3. Mailing Address

999 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 1001

City & State

MIAMI

Zip
33131

Country
U.S.A.

4. FEI Number

13-1776671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SENOSIAN, ALBERTO
999 BRICKEL AVENUE
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

TITLE **DP** ☐ Delete
NAME **SENOSIAN, ALBERTO**
STREET ADDRESS **999 BRICKELL AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☐ Delete
NAME **SENOSIAN SIWEK, BETTINA MARIE**
STREET ADDRESS **999 BRICKELL AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☐ Delete
NAME **PARDO, GUILLERMO**
STREET ADDRESS **999 BRICKELL AVENUE**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME **PARDO, GUILLERMO**
STREET ADDRESS **999 BRICKELL AVENUE**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Change ☐ Addition
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

ALBERTO SENOSIAN

Date

Daytime Phone #

2/25/04

(305) 539-1205