## 2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # V32887 1. Entity Name TRANSMUNDO COMPANY INC. Principal Place of Business Mailing Address 999 BRICKELL AVENUE STE 1001 999 BRICKELL AVENUE STE 1001 MIAMI, FL 33131 MIAMI, FL 33131

6. Name and Address of Current Registered Agent

**FILED** Feb 01, 2006 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

01092006 No Chg-P

CR2E034 (11/05)

4. FEI Number 13-1776671

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

SENOSIAN, ALBERTO 999 BRICKEL AVENUE

SIGNATURE:

## DO NOT WRITE

MIAMI, FL 33131			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	y applicable (NOTE. Registered	Agent signature	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	cing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SENOSIAN, ALBERTO 999 BRICKEL AVENUE MIAMI, FL	-			U00000415373
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SENOSIAIN SIWEK, BETTNA MARIE 999 BRICKELL AVE MIAMI, FL		-		000000415373 02/11/06-89077-015 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARDO, GUILLERMO 999 BRICKELL AVE MIAMI, FL 33131		_	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exercuptions 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on an attachment with accordance with all well-relief live empowered.					

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR