


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
05 JUN 27 PM 3: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P03000029089**

1. Entity Name  
**TURBINE POWER INTERNATIONAL, INC.**



Principal Place of Business  
1332 S.W. 13 ST  
MIAMI, FL 33145

Mailing Address  
2920 ALATKA ST  
MIAMI, FL 33133

2. Principal Place of Business  
Suite, Apt. #, etc.


3. Mailing Address  
1332 SW 13th STREET  
Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

Zip  
33145

Country



06082005 Chg-P CR2E034 (10/03)

4. FEI Number  
26-4132875

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

**RIOS, ROBERTO**  
2920 ALATKA ST  
COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent

Name  
**NORIS MILIAM-CARPINTERO**

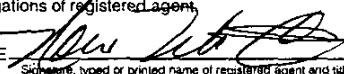
Street Address (P.O. Box Number is Not Acceptable)  
1332 SW 13th STREET

City  
MIAMI

State  
FL

Zip Code  
33145

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  **NORIS MILIAM-CARPINTERO** **JUNE 8, 2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Amended AR is \$61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIOS, ROBERTO 2920 ALATKA ST MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPINTERO, NORIS MILIAM 1332 S W 13 ST MIAMI, FL 33145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500056525605</b> 06/27/05--01004--005 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - PRESIDENT AND SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JUNE 8, 2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #