## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 08, 2005 8:00 am Secretary of State

DOCUMENT # P04000169171  1. Entity Name DOWN VOLTAGE, INC.								04-08-200	5 90041	025 ***	150.00
Principal Place of Business Mailing Address						-1					
410 NW 32 PL 410 NW 32 PL											
MIAMI, FL 3		MIAMI, FL 33125									
Principal Place of Business     3. Mailing Address					(	`					
Suite, Apt. #, etc.			-15.	O. Box II	<u>.</u> 5			-			
Suite, Apr. #, etc.				Suite, Apr. #, etc.			03282005	Chg-P	CR2E03	4 (10/03)	
City & State			١,,	City & State	<u></u>		4. FEI Numbe		<del></del>	Ar	plied For
77.		<del> </del>	1 2	<u>lialean</u>	<del></del>		90-9	<u>୰<del>१</del></u> ८५७-			ot Applicable
Zip		Country	ં મ	<sup>Zip</sup> <b>込</b> Oい	Cour	nury. J.S	5. Certificate	of Status Desired		8.75 Add	
6. Name and Address of Current I					٠, ٧	7. Name and Address of New Registered Agent					
Name											
TREJO, ALFREDO						Street Address	(P.O. Box Numb	er is Not Acceptable			
410 NW 32 PL Stree MIAMI, FL 33125											
						City			FL	Zip Cod	e
8. The above	named entity	submits this statement	for the	purpose of changing it	s register	ed office or registe	red agent, or bo	th. in the State of Flo		] miliar with.	and accept
	tions of registi		,	Parkage of a remediate	<del>-</del>		, ou ugum, or uo		,		1
SIGNATURE						······································		•	•	1 .	
JIGINATURE	Signature, typed	or printed name of registered age	nt and litte	e it applicable. (NO	TE: Registere	d Agent signature require	d when reinstating)		DATE	1	
		······································		1.50.00.00						•	
		FEE IS \$150.00 5 Fee will be \$550	.00	9. Election Camp Trust Fund Cor			.00 May Be led to Fees				
10.		OFFICERS AN	D DIRE	CTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND (	DIRECTOR	S IN 11
TITLE	P					E	☐ Change		Addition		
NAME	TREJO, ALFREDO			NAM						Ĭ	
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NAME					NAM						ľ
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indicated	i on this repor	e information supplied wit t or supplemental report	is true	and accurate and that	my signa	iture shall have the	same legal effec	t as if made under o	ath; that I an	n an officer	or director
of the cor changed,	rporation or th , or on an atta	ne receiver or trustee em achment with an address	powere with a	ec to execute this repor all other like empowere	ι as requ d.	red by Unapter 60	r, morida Statute	ss; and that my name	appears in	DIOCK 1U O	DOCK III