


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 398838 1. Entity Name MIAMI TRANSMISSION, INC	
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Principal Place of Business 3740 N.W. SOUTH RIVER DRIVE MIAMI, FL 33142	Mailing Address 3740 N.W. SOUTH RIVER DRIVE MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1433352	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURAN & ASSOCIATES, P.A.
5511 SW 8TH STREET
202
MIAMI, FL 33134

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MUNNE, JUAN C 3740 N.W. SOUTH RIVER DRIVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MUNNE, JUAN C 3740 N.W. SOUTH RIVER DRIVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MUNNE, JUAN C 3740 N.W. SOUTH RIVER DRIVE MIAMI, FL 33142
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04/18/05-80108-007 150.00

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: *Juan Munne* *Juan Munne* 4/14/05 (305) 634-5824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #