## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## Feb 13, 2006 08:00 AM DOCUMENT # 398838 **Secretary of State** 1. Entity Name MIAMI TRANSMISSION, INC Mailing Address Principal Place of Business 3740 N.W. SOUTH RIVER DRIVE MIAMI FL 33142 3740 N.W. SOUTH RIVER DRIVE MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For 4. FEI Number City & State City & State 59-1433352 Not Applicate Country Zip Country \$8.75 Additional 210 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **DURAN & ASSOCIATES, P.A.** Street Address (P.O. Box Number is Not Acceptable) 5511 SW 8TH STREET 202 MIAMI FL 33134 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 agont. Signature, typed or printed name of registered agent and lifts if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Tt. 10. Addition PD ☐ Delete THE THE HAME NAME MUNNE, JUAN C U00000432241 STREET ADDRESS 3740 N.W. SOUTH RIVER DRIVE STREET ADDRESS 02/23/06-80061-013 150.00 CITY-ST-78P CITY-SI-ZIP MIAMI FL 33142 Defete ☐ Change Addition VP 13316 THE MUNNE, JUAN C HAME NAME 3740 N.W. SOUTH RIVER DRIVE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - S7 - 21P MIAMI FL,33142 ☐ Change Addition | Int Delate ... MILL NAME MUNNE, JÚAN C STREET ADDRESS 3740 N.W. SOUTH RIVER DRIVE STREE ( ADDRESS DITY-ST- 20 CHY-ST-EW MIAMI FL 33142 Change Addition TITLE Detete STRE NAME NAME STREET ADDRESS STREET ADDRESS COTY-S1-ZX CITY-ST- INP ☐ Change ■ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY - ST - ZIE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREE! ACCORESS CHY-ST-ZIP City-St-709 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it 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 the empowered.

FILED

02-08-06 305-634-5826