


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F12940**  
 1. Entity Name  
**HEAVY TRANSMISSION, INC.**



Principal Place of Business      Mailing Address  
 5826 FUNSTON STREET      5826 FUNSTON STREET  
 HOLLYWOOD, FL 33023      HOLLYWOOD, FL 33023

**DO NOT WRITE IN THIS SPACE**



02202004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-2050867	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 MORAITIS, GEORGE  
 16919 NW 57TH AVENUE  
 MIAMI, FL 33055

**DO NOT WRITE 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, 2004 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	P WOLFF, GUY 5826 FUNSTON ST HOLLYWOOD, FL
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000000074724  
 03/03/04-80030-013 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_      **2-27-04 954 981 6102**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #