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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

20058519

DOCUMENT # L02000025425

1. Entity Name
EBA POWER LINE COMMUNICATIONS, L.L.C.

Principal Place of Business	Mailing Address
210 N.E. 174TH STREET, SUITE 905 SUNNY ISLES BEACH, FL 33160	210 N.E. 174TH STREET, SUITE 905 SUNNY ISLES BEACH, FL 33160

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03212005 Chg-LLC CR2E083 (10/03)

4. FEI Number 80-0078230 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 agent.

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ZELASCHI, RICARDO S RUA OZNI JOAO VIEIRA 652, CAMPINAS SAN JOSE,ST.CATALINA,BRAZIL, SC	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EBA PLC International Ltd. PO Box 146 Road Town, Tortola, BVI	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LOPEZ, JORGE RUA OZNI JOAO VIEIRA 652, CAMPINAS SAN JOSE,ST.CATALINA,BRAZIL, SC	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SCHCOLNIK, JORGE 210 N.E. 174TH STREET, SUITE 905 SUNNY ISLES BEACH, FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jose Buitron, managing member 4/27/05 305-789-5367
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #