




FILED
Mar 02, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000031526		
1. Entity Name ELECTBUS CORPORATION		
Principal Place of Business 2111 N.W. 79 AVENUE MIAMI, FL 33122		Mailing Address 2111 N.W. 79 AVENUE MIAMI, FL 33122
DO NOT WRITE IN THIS SPACE		
 02182005 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0995321		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		
BURGHHERA, ELIO 2111 N.W. 79 AVENUE MIAMI, FL 33122		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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000248888 03/02/05-80047-008 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BURGUERA, ELIO C 2111 N.W. 79 AVENUE MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV JIMENEZ, CESAR E 2111 N.W. 79 AVENUE MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD QUINTERO, ELISA 2111 N.W. 79 AVENUE MIAMI, FL 33122	
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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:  ELISA QUINTERO SD		Date: 02/22/05 (954) 805-1404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #