2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2005 08:00 AM **DOCUMENT # P00000092743 Secretary of State** 1. Entity Name U.Q. TRANSMISSION INC. Principal Place of Business Mailing Address 380 PAYNE DRIVE 380 PAYNE DRIVE MIAMI SPRINGS, FL 33166 MIAMI SPRINGS, FL 33166 02072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1047012 Applied For Not Applicab \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUINTANA, ULISES DO NOT WRITE 380 PAYNE DRIVE MIAMI SPRINGS, FL 33166 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 regulaed when reinstating) Election Campalon Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME QUINTANA, ULISES STREET ADDRESS 380 PAYNE DRIVE 1前当前的1944年5年 CITY-ST-ZIP MIAMI SPRINGS, FL 33166 U2778755 80030-008 150.0**0** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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)(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:

CITY-ST-ZIP

STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

uuses Quintana, Pres.

1/7/05

(305) 519-4336