FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90068 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000015182

1. Entity Name
GA TELESIS TURBINE TECHNOLOGIES, INC.

70052040

Principal Place of Business	Mailing Address
950 S.E. 12TH STREET HIALEAH, FL 33010	950 S.E. 12TH STREET HIALEAH, FL 33010

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
13000 NW 45TH AVE.	13000 NW 45TH AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OPA LOCKA, FL	City & State: OPA LOCKA, FL
Zip: 33054 Country	Zip: 33054 Country

4. FEI Number ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUFFIN, THOMAS III ESQ
C/O GUTTER, JOSEPHER & RUFFIN
100 W. CYPRESS CREEK ROAD, SUITE 900
FT. LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name: ABDOL MOABERY
Street Address (P.O. Box Number Is Not Acceptable): 13000 N.W. 45TH AVENUE
City: OPA LOCKA FL Zip Code: 33054

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: [signature] ABDOL MOABERY, PRESIDENT 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BATCHELOR, GEORGE E 950 S.E. 12TH STREET HIALEAH, FL 33010 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABDOL MOABERY 13000 NW 45TH AVENUE OPA LOCKA, FL 33054 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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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CR2E034 (10/02)

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: [signature] ABDOL MOABERY 4/29/03 (305) 769-5992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #