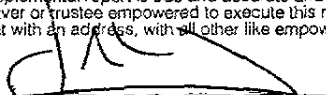


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000066078			
1. Entry Name LAMBDA ANTENAS, CORP.			
Principal Place of Business 9810 N.W. 80 AVE. BAY 8-H MIAMI, FL 33016	Mailing Address 9810 N.W. 80 AVE. BAY 8-H MIAMI, FL 33016		
DO NOT WRITE IN THIS SPACE			
		03132004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 03-0457317	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEL CASTILLO, LUIS R 9810 N.W. 80 AVE. BAY 8-H MIAMI, FL 33016		DO NOT WRITE IN THIS SPACE	
8. The above named entry 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, 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000098477 03/29/04-80041-021 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOPENA QUESADA, JOSE-MARIA CALLE FRESNEDILLAS #8 MADRID ESPANA,		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		JOSE M. SOPENA PRESIDENT 03/25/04 (205) 461-1121	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #