2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State
09-01-2004 90005 001 ***158.75

DOCUMENT # P03000040054

1. Entity Name
SAPA TRANSMISSION, INC.

54071300

07142004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
% RJS, 1500 MIAMI CENTER 201 SOUTH BISCAYNE BLVD. MIAMI, FL 33131	% RJS, 1500 MIAMI CENTER 201 SOUTH BISCAYNE BLVD. MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
2455 E. SUNRISE BLVD	2455 E SUNRISE BLVD
Suite, Apt. #, etc.: 510	Suite, Apt. #, etc.: 510
City & State: FT LAUDERDALE	City & State: FT LAUDERDALE
Zip: 33304 Country: BROWARD	Zip: 33304 Country: BROWARD

4. FEI Number: 050566879 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
% RJS, 1500 MIAMI CENTER
201 SOUTH BISCAYNE BLVD.
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: DENIZ BALTA
Street Address (P.O. Box Number is Not Acceptable): 2455 E. SUNRISE BLVD
SUITE 510
City: FT LAUDERDALE FL Zip Code: 33304

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, 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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D APERRIBAY, IBON 201 SO. BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D APERRIBAY, IBON 2455 E. SUNRISE BLVD SUITE 510 FT LAUDERDALE FL 33304	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D APERRIBAY, JOKIN 201 SO. BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D APERRIBAY, JOKIN 2455 E. SUNRISE BLVD SUITE 510 FT LAUDERDALE FL 33304	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALTA, DENIZ 2455 E. SUNRISE BLVD SUITE 510 FT LAUDERDALE FL 33304	☐ 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

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: _____ 8-28-04 9546080125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #