2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005
Secretary of State

DOCUMENT# P03000040054

Entity Name: SAPA TRANSMISSION, INC.

Current Principal Place of Business:

2455 E. SUNRISE BLVD
510
FORT LAUDERDALE, FL 333041

New Principal Place of Business:

Current Mailing Address:

2455 E. SUNRISE BLVD
510
FORT LAUDERDALE, FL 333041

New Mailing Address:

FEI Number: 05-0566879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALTA, DENIZ
2455 E. SUNRISE BLVD
SUITE 510
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: APERRIBAY, IBON
Address: 2455 E. SUNRISE BLVD SUITE 510
City-St-Zip: SUNRISE, FL 33304

Title: D ( ) Delete
Name: APERRIBAY, JOKIN
Address: 2455 E. SUNRISE BLVD SUITE 510
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D ( ) Delete
Name: APERRIBAY, JOAQUIN
Address: 2455 E. SUNRISE BLVD SUITE 510
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D ( ) Delete
Name: BALTA, DENIZ
Address: 2455 E. SUNRISE BLVD SUITE 510
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENIZ BALTA D 02/28/2005

Electronic Signature of Signing Officer or Director Date