2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040054

Entity Name: SAPA TRANSMISSION, INC.

2101 NE 21ST STREET

FORT LAUDERDALE, FL 33305

Address:

City-St-Zip:

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	21ST STREET JDERDALE, FL 33305			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
2455 E. SUNRISE BLVD 2101 NE 21ST STREET				
510 FORT LAU	JDERDALE, FL 333041	FORT LAUDERDALE	FORT LAUDERDALE, FL 33305	
FEI Number	: 05-0566879 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	I Address of Current Registered Agent:	Name and Address of	f New Registered Agent:	
The above	21ST STREET UDERDALE, FL 33305 US e named entity submits this statement for th	ne purpose of changing its registere	d office or registered agent, or both,	
in the State	e of Florida.			
SIGNATU				
Election Car	Electronic Signature of Registered <i>I</i> mpaign Financing Trust Fund Contribution ().	Agent	Date	
	S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () Delete APERRIBAY, IBON 2101 NE 21ST STREET FORT LAUDERDALE, FL 33305	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete APERRIBAY, JOKIN 2101 NE 21ST STREET FORT LAUDERDALE, FL 33305	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete APERRIBAY, JOAQUIN 2101 NE 21ST STREET FORT LAUDERDALE, FL 33305	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () Delete BALTA, DENIZ	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: DENIZ BALTA DIR 03/23/2009