2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 03, 2004 8:00 am Secretary of State

1630 W 31 PL 1630	DOCUMENT # P03000092038 1. Entity Name SOLUTION TRANSMISSIONS, INC.					05-03-2004 90415 047 ***150.00				
### HALEAH, FL 33012 ####################################	Principal Place of Business Mailing Address					54047352				
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Name and Address of Current Registered Agent	City & State		City & State		4. FEI Number 20 - (217896	.0	_ 		
Marrie	Zlp	Country	Zip	Country		1 -		_ \$		
Street Agdress (P.O. Box Number is Not Acceptable)		6. Name and Address of Currer	nt Registered Agent			7. Name and A	ddress of New	Registered Ag	ent	
Sirest Address (P.O. Born Number to Not Acceptable) City FL Zip Code	MARI MAN	NITEL 1		L N	3me 					
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent. SIGNATURE	250 BIRD RD STE 200			S	treet Address (P.O. Box Number	is Not Acceptab	le)		
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent. SIGNATURE		ż		_						
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Trust Fund Contribution	SIGNATURE_	Signature, typed or primed panie or registered ago	est and title s'applicable. (NC	DTE: Registeren Agr	vil dignature required	when remstating)		DATE		
MILE NAME	FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550			· _ +-					<u> </u>
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12. Thereby 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		All and the Conference of the	Tall the Commission of the Com				Final Control	1.5	ale de la constant	

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 dustage 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. Pres.

SIGNATURE: