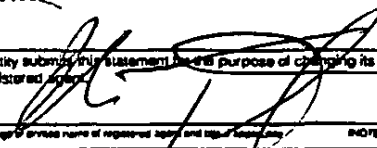
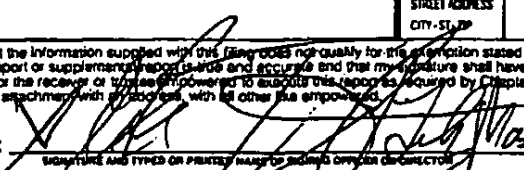


FILED
Sep 12, 2005 8:00 am
Secretary of State

07-19-2005 90039 031 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000130806			
1. Entity Name BEAR TRANSMISSION, INC.			
Principal Place of Business 2009 PEMBROKE ROAD HOLLYWOOD, FL 33019		Mailing Address 2009 PEMBROKE ROAD HOLLYWOOD, FL 33019	
2. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		06082005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-0384193		Applied For ☐ Not Applicable	
5. Certificate of Status Desired - ☐ - \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RICHARD A. ARONSKY, P.A. 18999 BISCAYNE BOULEVARD SUITE 204 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name ELI JAELESTEIN Street Address (P.O. Box Number is Not Acceptable) 2009 PEMBROKE RD City Hollywood FL Zip Code 33019	
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  DATE 9/1/05			
FILE NOW!!! FEB 15 \$150.00 Due by September 7, 2005		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	PO MASKALENKO, LOLY 2009 PEMBROKE RD. HOLLYWOOD, FL 33019 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	LOLY MOSKALENKO 2009 Pembroke Rd Hollywood FL 33019 ☐ 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
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
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 statement is true and accurate for the corporation stated in Section 119.07(3)(b), 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 submit 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 this report, with all other like employees.			
SIGNATURE: 		Date 9/1/05 Daytime Phone #	