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.

66027243

Principal Place of Business	Mailing Address
2009 PEMBROKE ROAD HOLLYWOOD, FL 33019	2009 PEMBROKE ROAD HOLLYWOOD, FL 33019

06092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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: EL IAELSTEIN
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: _____ 9/1/05
Signature, name of person 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 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	PD MASKALENKO, LOLY 2009 PEMBROKE RD. HOLLYWOOD, FL 33019	☐ Delete	PD Lily Moskalenko 2009 Pembroke Rd Hollywood FL 33019	☒ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ 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: _____ 9/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #