2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 18, 2005 8:00 am
Secretary of State
02-24-2005 90029 017 ***150.00

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01042005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000100853

1. Entity Name
USA TRANSMISSION, INC.

Principal Place of Business	Mailing Address
4964 BOATHOUSE DR ORLANDO, FL 32812	4964 BOATHOUSE DR ORLANDO, FL 32812

2. Principal Place of Business	3. Mailing Address
2699 S. Orange Blossom Trl Suite, Apt. #, etc.	2699 S. Orange Blossom Trl Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32805 Country: USA	Zip: 32805 Country: USA

4. FEI Number: 20-1334077 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALDEZ, RAFAEL 4964 BOATHOUSE DR ORLANDO, FL 32812	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
Signature required of new registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VALDEZ, RAFAEL 4964 BOATHOUSE DR ORLANDO, FL 32812	☐ Delete A address	DP Rafael Valdez 2699 S. Orange Blossom Trail Orlando FL 32805	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV VALDEZ, LUISA 4964 BOATHOUSE DR ORLANDO, FL 32812	☐ Delete A address	DV Luisa Valdez 2699 S. Orange Blossom Trail Orlando FL 32805	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Rafael Valdez 1/4/04 407-648-5653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #