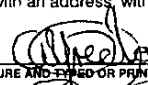


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90041 025 ***150.00

DOCUMENT # P04000169171 1. Entity Name DOWN VOLTAGE, INC.			
Principal Place of Business 410 NW 32 PL MIAMI, FL 33125		Mailing Address 410 NW 32 PL MIAMI, FL 33125	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 110563 Suite, Apt. #, etc.	
City & State Hiatach FL		4. FEI Number 20-2070284	
Zip 33011		Country U.S.	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		03282005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent TREJO, ALFREDO 410 NW 32 PL MIAMI, FL 33125		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	P TREJO, ALFREDO 410 NW 32 PL MIAMI, FL 33125	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALDERON, EUCARIS 410 NW 32 PL MIAMI, FL 33125	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ 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: X 		Date 04/04/05 Daytime Phone #	