2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2006 8:00 am Secretary of State

DOCUMENT # P05000051734 1. Entity Name HEAVY TRANSMISSION CENTER CORP.					03-22-2006 90019 023 ***150.00			
Principal Place of Business Mailing Address						₩UU	TOOTA	
2190; WEST 10TH AVENUE Hialeah, Fl 33010		2190: WEST 10TH AVENUE HIALEAH, FL 33010			1 (80)(40) (1)		(M. 11(2) 11(1) 11(1)	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03162006	Chg-P	CR2E034 (11/05)
City & State		City & State			4. FEI Number	0-264	15709	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 A	
6. Name and Address of Current Registered Agent					7. Name and	Address of New I	Registered Agent	
TORRES EREROY			Name					
TORRES, 1190 W 54 HIALEAH,	ST		Street Ad	ldress (l	P.O. Box Numb	er is Not Acceptabl	le)	
' .			City				FL Zip Co	ode
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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECTO	RS IN 11
THILE	Р	☐ Delete	TITLE				☐ Change	Addition
NAME	TORRES, FREDDY		NAME					
STREET ADDRESS	1190 W 54 ST		STREET ADDRESS					
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME	j		NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE				Change	Addition
NAME		L bolete	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				.,,	
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
IIILE		☐ Delete	TITLE				☐ Chang	Addition
NAME			NAME				_ •	
			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-16-06

305-439-8991

Daytime P