


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S91824**  
 1. Entity Name  
**UNITED TURBINE, CORP.**



Principal Place of Business  
**8950 NW 79 AVENUE**  
**MIAMI, FL 33166 US**

Mailing Address  
**8950 NW 79 AVENUE**  
**MIAMI, FL 33166 US**



02032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0293454**

Applied For  
 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CANAL, JOSE A VP**  
**8950 N.W. 79 AVENUE**  
**MIAMI, FL 33166**

**DO NOT WRITE IN THIS SPACE**

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**

TITLE	P
NAME	MOZZAYANPOUR, ALI
STREET ADDRESS	8950 NW 79 AVENUE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VP
NAME	CANAL, JOSE A
STREET ADDRESS	8959 NW 79 AVENUE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	CEO
NAME	MONTES, GERONIMO
STREET ADDRESS	8950 NW 79 AVENUE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/08/05-80063-004 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **2/3/05 305-885-3900**

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_\_\_\_\_  
 Date Daytime Phone #