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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Prefix Serial DATE RECEIVED

Name of Offering (Ulectra Corporation) Filing under(Rule 506) Type of Filing: Amendment

A. BASIC IDENTIFICATION DATA

PROCESSED APR 09 2004 THOMSON FINANCIAL

1. Enter the information requested about the issuer Name of Issuer(Ulectra Corporation) Address of Executive Offices 1990 N.E. 163rd Street Suite 205 North Miami Beach FL 33162 Telephone Number 305-945-4010

Brief Description of Business: Development of proprietary magnetic and metal materials and methods that will suppress both the electric and magnetic fields ("electromagnetic fields") produced in wires.

Type of Business Organization corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed



Actual or Estimated Date of Incorporation or Organization: 0102 Actual Estimated Jurisdiction of Incorporate of Organization: DE

General Instructions Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17CFR 230.501 or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with SEC, one of which must be manually signed. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Exemption(ULOE) for sales of securities in those states that have adopted this form.

ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

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A BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- i. Each promoter of the issuer, if the issuer has been organized within the past five years;
- ii. Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- iii. Each executive officer and director of corporate issuers and of corporate general managing partners of partnership issuers; and
- iv. Each general and managing partnership of partnership issuers.

Check Box(es) that apply: Promoter Beneficial Owner Executive Officer Director General and /or Managing Partner

Full Name(Last name first, if Individual)

Planas, Sr. Alberto E

Business or Residence Address (Number and Street, City,State ,Zip Code)

1990 N.E. 163rd Street,Suite 205 North Miami Beac FL 33162

Check Box(es) that apply: Promoter Beneficial Owner Executive Officer Director General and /or Managing Partner

Full Name(Last name first, if Individual)

Planas, Jr. Alberto A

Business or Residence Address (Number and Street, City,State ,Zip Code)

1990 N.E. 163rd Street,Suite 205 North Miami Beac FL 33162

Check Box(es) that apply: Promoter Beneficial Owner Executive Officer Director General and /or Managing Partner

Full Name(Last name first, if Individual)

Meshel Robert E

Business or Residence Address (Number and Street, City,State ,Zip Code)

1990 N.E. 163rd Street,Suite 205 North Miami Beac FL 33162

Check Box(es) that apply: Promoter Beneficial Owner Executive Officer Director General and /or Managing Partner

Full Name(Last name first, if Individual)

Jackson William

Business or Residence Address (Number and Street, City,State ,Zip Code)

1990 N.E. 163rd Street,Suite 205 Norht Miami Beac FL 33162

Check Box(es) that apply: Promoter Beneficial Owner Executive Officer Director General and /or Managing Partner

Full Name(Last name first, if Individual)

Ramos Lemuel

Business or Residence Address (Number and Street, City,State ,Zip Code)

1990 N.E. 163rd Street,Suite 205 North Miami Beac FL 33162

Check Box(es) that apply: Promoter Beneficial Owner Executive Officer Director General and /or Managing Partner

Full Name(Last name first, if Individual)

Solow Jon

Business or Residence Address (Number and Street, City,State ,Zip Code)

1990 N.E. 163rd Street,Suite 205 North Miami Beac FL 33162

Check Box(es) that apply: Promoter Beneficial Owner Executive Officer Director General and /or Managing Partner

Full Name(Last name first, if Individual)

Donmoyer William

Business or Residence Address (Number and Street, City,State ,Zip Code)

1990 N.E. 163rd Street,,Suite 205 Miami Beach FL 33162

B. INFORMATION ABOUT OFFERING

- | | | |
|--|-------------------------------------|--------------------------|
| | Yes | No |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Answer also in Appendix, Column 2, if filing under ULOE. | | |
| 2. What is the minimum investment that will be accepted from any individual?..... | \$ | <u>\$ 50,000.00</u> |
| | Yes | No |
| 3. Does the offering permit joint ownership of a single unit?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchases in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | |

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed has Solicited or Intends to Solicit Purchasers

(Check "All States or check individual States)..... All States

- | | | | | | | | | | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| [AL] <input type="checkbox"/> | [AK] <input type="checkbox"/> | [AZ] <input type="checkbox"/> | [AR] <input type="checkbox"/> | [CA] <input type="checkbox"/> | [CO] <input type="checkbox"/> | [CT] <input type="checkbox"/> | [DE] <input type="checkbox"/> | [DC] <input type="checkbox"/> | [FL] <input type="checkbox"/> | [GA] <input type="checkbox"/> | [HI] <input type="checkbox"/> | [ID] <input type="checkbox"/> |
| [IL] <input type="checkbox"/> | [IN] <input type="checkbox"/> | [IA] <input type="checkbox"/> | [KS] <input type="checkbox"/> | [KY] <input type="checkbox"/> | [LA] <input type="checkbox"/> | [ME] <input type="checkbox"/> | [MD] <input type="checkbox"/> | [MA] <input type="checkbox"/> | [MI] <input type="checkbox"/> | [MN] <input type="checkbox"/> | [MS] <input type="checkbox"/> | [MO] <input type="checkbox"/> |
| [MT] <input type="checkbox"/> | [NE] <input type="checkbox"/> | [NV] <input type="checkbox"/> | [NH] <input type="checkbox"/> | [NJ] <input type="checkbox"/> | [NM] <input type="checkbox"/> | [NY] <input type="checkbox"/> | [NC] <input type="checkbox"/> | [ND] <input type="checkbox"/> | [OH] <input type="checkbox"/> | [OK] <input type="checkbox"/> | [OR] <input type="checkbox"/> | [PA] <input type="checkbox"/> |
| [RI] <input type="checkbox"/> | [SC] <input type="checkbox"/> | [SD] <input type="checkbox"/> | [TN] <input type="checkbox"/> | [TX] <input type="checkbox"/> | [UT] <input type="checkbox"/> | [VT] <input type="checkbox"/> | [VA] <input type="checkbox"/> | [WA] <input type="checkbox"/> | [WV] <input type="checkbox"/> | [WI] <input type="checkbox"/> | [WY] <input type="checkbox"/> | [PR] <input type="checkbox"/> |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate offering price	Amount Already Sold
Debt.....	\$ _____	\$ _____
Equity.....	\$ <u>1,114,750.00</u>	\$ <u>473,750.00</u>
<input checked="" type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities(including warrants).....	\$ _____	\$ _____
Partnership Interests.....	\$ _____	\$ _____
Other(Specify _____).....	\$ _____	\$ _____
Total.....	\$ <u>1,114,750.00</u>	\$ <u>473,750.00</u>

Answer also in Appendix, Column 3, if filing under ULOE

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".

	Number of Investors	Aggregate Dollar Amount of Purchases
Accredited Investors.....	<u>16</u>	\$ <u>461,250.00</u>
Non-accredited Investors.....	<u>1</u>	\$ <u>12,500.00</u>
Total(for filing under Rule 504 only).....		\$ _____

Answer also in Appendix, Column 4, if filing under ULOE

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve(12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of offering	Type of securities	Dollar Amount Sold
Rule 505.....	_____	\$ _____
Regulation A.....	_____	\$ _____
Regulation 504.....	_____	\$ _____
Total.....		\$ _____

4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees.....	<input checked="" type="checkbox"/>	<u>\$0.00</u>
Printing and Engraving Costs.....	<input checked="" type="checkbox"/>	<u>\$0.00</u>
Legal Fees.....	<input checked="" type="checkbox"/>	<u>\$10,000.00</u>
Accounting Fees.....	<input checked="" type="checkbox"/>	<u>\$10,000.00</u>
Engineering Fees.....	<input checked="" type="checkbox"/>	<u>\$0.00</u>
Sales Commissions (specify finders' fees separately).....	<input checked="" type="checkbox"/>	<u>\$0.00</u>
Other Expenses(Identify)..... Finders Fees	<input checked="" type="checkbox"/>	<u>\$77,000.00</u>
Total.....	<input checked="" type="checkbox"/>	<u>\$97,000.00</u>

b. Enter the difference between the aggregate offering price given in response to Part C- Question 1 and total expenses furnished in response to Part C- Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

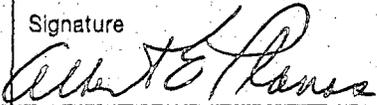
\$ \$1,003,000.00

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C- Question 4.b.above.

	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees.....	<input checked="" type="checkbox"/> \$ <u>\$0.00</u>	<input checked="" type="checkbox"/> \$ <u>\$419,342.00</u>
Purchase of real estate.....	<input checked="" type="checkbox"/> \$ <u>\$0.00</u>	<input checked="" type="checkbox"/> \$ <u>\$0.00</u>
Purchase, rental or leasing and installation of machinery and equipment.....	<input checked="" type="checkbox"/> \$ <u>0</u>	<input checked="" type="checkbox"/> \$ <u>\$11,400.00</u>
Construction or leasing of plant buildings and facilities.....	<input checked="" type="checkbox"/> \$ <u>\$0.00</u>	<input checked="" type="checkbox"/> \$ <u>\$0.00</u>
Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).....	<input checked="" type="checkbox"/> \$ <u>\$0.00</u>	<input checked="" type="checkbox"/> \$ <u>\$0.00</u>
Repayment of indebtedness.....	<input checked="" type="checkbox"/> \$ <u>\$0.00</u>	<input checked="" type="checkbox"/> \$ <u>\$0.00</u>
working capital.....	<input checked="" type="checkbox"/> \$ <u>\$0.00</u>	<input checked="" type="checkbox"/> \$ <u>\$24,091.00</u>
Other(specify): _____		
<u>R&D, Product Develop</u>	<input checked="" type="checkbox"/> \$ <u>\$0.00</u>	<input checked="" type="checkbox"/> \$ <u>\$548,167.00</u>
Column Totals.....	<input checked="" type="checkbox"/> \$ <u>\$0.00</u>	<input checked="" type="checkbox"/> \$ <u>\$1,003,000.00</u>
Total Payments Listed(column totals added).....	<input checked="" type="checkbox"/> \$	<u>\$ 1,003,000.00</u>

D.FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer(Print or Type) Ulectra Corporation	Signature 	Date MAR 29 2004
Name of Signer(Print or Type) Alberto E. Planas, Sr.	Title of Signer(Print or Type) Director	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.1001.)