## **2007 FOR PROFIT CORPORATION**

## Jan 18, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P06000040965** 01-18-2007 90102 016 \*\*\*150.00 ALL STANDARD TRANSMISSIONS, INC. Principal Place of Business Mailing Address 1722 WEST 32ND PLACE 1722 WEST 32ND PLACE HIALEAH, FL 33012 HIALEAH, FL 33012 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-4640785 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VELO, LOUISE Street Address (P.O. Box Number is Not Acceptable) 5512 LAGOON DR. FT. LAUDERDALE, FL 33312 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. Signature, typed or printed name of registered agent and tate if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME RODRIGUEZ, DANIEL L NAME STREET ADDRESS 2049 W: 62ND-ST. STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-ZIP VSTD ☐ Addition BILE Delete TITLE VELO. LOUISE NAME NAME: STREET ADDRESS 2049 W: 62ND-8T. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HIALEAH, FL 33016 ☐ Celete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZiP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Defete Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-\$1-782 TATLE ☐ Delete Change Addition NAME NAME

12: I hereby certify that the information supplied with this filing 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 accress, with all other like empowered.

STREET ADDRESS

City-St-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

FILED