


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 306918</b> 1. Entity Name LORY AUTOMATIC TRANSMISSION INC	
---	---

Principal Place of Business 2400 S W 8TH ST MIAMI, FL 33135	Mailing Address 2400 S W 8TH ST MIAMI, FL 33135
---	---



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1143038	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  ARAZOAZ & COMAS PA 2100 SALZEDO ST STE 300 CORAL GABLES, FL 33134
---

**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, 2004 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000130111  
04/26/04-80105-003 300.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRANDE, JOSE 6531 SW 106TH AVENUE MIAMI, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANDE, FLIA 2720 SW 129TH AVE MIAMI, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLOS M GRANDE 1037 ALFONSO AVE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANA L GRANDE 1037 ALFONSO AVE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04 (307) 642-4621  
Date Daytime Phone #