


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90068 001 ***300.00

DOCUMENT # 306918 1. Entity Name LORY AUTOMATIC TRANSMISSION INC	
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Principal Place of Business 2400 S W 8TH ST MIAMI, FL 33135	Mailing Address 2400 S W 8TH ST MIAMI, FL 33135
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66001130



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1143038	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	JAN - 7 2006 ACCOUNTS PAYABLE
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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/06
Date Daytime Phone #