2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 306918

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CORAL GABLES, FL 33146

CORAL GABLES, FL 33146

ANA L GRANDÉ,

1037 ALFONSO AVE

() Delete

FILED Apr 29, 2008 Secretary of State

Entity Nan	ne: LORY AU	TOMATIC TRANSMISSION INC					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
2414 S W 8 MIAMI, FL							
Current Mailing Address:			New Maili	New Mailing Address:			
2414 S W 8 MIAMI, FL							
FEI Number:	59-1143038	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
2100 SALZ STE 300	& COMAS PA EDO ST ABLES, FL 331	34 US					
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered	office or registered agent, or bot	:h,	
SIGNATUR	RE:						
	Electroni	c Signature of Registered Ager	nt		Date	_	
Election Cam	npaign Financing	Trust Fund Contribution ().					
OFFICERS	AND DIRECT	ORS:	ADDITION	S/CHANGES	S TO OFFICERS AND DIRECT	ORS:	
Title: Name: Address: City-St-Zip:	GRANDE, JOSE 6531 SW 106TH		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	GRANDE, FLIA, 2720 SW 129TH	Delete I AVE 00000,	Title: Name: Address: City-St-Zip:	GRANDE, ELL 1037 ALFONS			
Title: Name: Address:	P () CARLOS M GRA 1037 ALFONSO	•	Title: Name: Address:	P (X CARLOS M G 1133 ALFONS	•		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CORAL GABLES, FL 33146

CORAL GABLES, FL 33146

ANA L GRANDÉ,

1133 ALFONSO AVE

(X) Change () Addition

SIGNATURE: CARLOS GRANDE **PRES** 04/29/2008