

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 522022

1. Entity Name
**SMUTNY AND ROSS TRANSMISSION AND BODY
SPECIALISTS, INC.**



Principal Place of Business
**9970 BANYAN ST
PERRINE, FL 33157 US**

Mailing Address
**9970 BANYAN ST
PERRINE, FL 33157 US**

FILED
Jan 12, 2006 08:00 AM
Secretary of State



01082006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1702119

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GOLDSTEIN, TANEN & TRENCH, P.A.
ONE BISCAYNE TOWER* SUITE 3700
TWO SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

6. 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 title if applicable.

[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. ☐

**\$5.00 May Be
Added to Fees**

**U00000383135
01/12/06-80042-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
SMUTNY, STEVE
18530 SW 87 CT.
MIAMI, FL 00000.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SMUTNY, STEPHEN J
21520 SW 97 PLACE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SMUTNY, WILLIAM
21264 S.W. 92 AVENUE
MIAMI, FL 33189**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 changed, or on an attachment with an address, with all other file empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen Smutny

01-08-06

305 2530187