

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90006 002 ***150.00

DOCUMENT # F87199 1. Entity Name BEST AUTO TRANSMISSION REPAIRS, INC.					
Principal Place of Business 80 E 4TH ST HIALEAH, FL 33010 US			Mailing Address 80 E 4TH ST HIALEAH, FL 33010 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2191675	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GALDAMEZ, EDWIN R 80 E 4TH ST HIALEAH, FL 33010				7. Name and Address of New Registered Agent Name GALDAMEZ EDWIN R. Street Address (P.O. Box Number is Not Acceptable) 1524 W 41 ST City HIALEAH FL Zip Code 33012	
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 				DATE 7/18/08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)				DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GALDAMEZ, EDWIN R 80 E 4TH ST HIALEAH, FL 33010	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GALDAMEZ EDWIN R. 1524 W 41 ST HIALEAH, FL 33012
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 this filing, with all other like empowered.					
SIGNATURE: 				Date 7/18/08 Daytime Phone # 305-822-8888	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

60045299



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