2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G16172

1. Entity Name

WIWI AUTOMATIC TRANSMISSION, INC.



FILED Jan 16, 2007 08:00 AN Secretary of State

Principal Place of Business

C/O ELIO DIAZ 3130 SW 107TH AVE MIAMI, FL 33165 Mailing Address C/O ELIO DIAZ 3130 SW 107TH AVE MIAMI FL 33165

MIAMI, FL 3	3165	MIAMI, FL 33165						
DO NOT WRITE IN THIS SPA				01042007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-2242983 Not Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent								
DIAZ, ELIO 3130 S.W. 107 AVE. MIAMI, FL			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								
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered				required when reinstaling)		DATE	-	
FILE NOW!!! FEE IS \$150.00 After May 1, 2807 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.			icing	\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, ELIO- 12210 SW 43 ST MIAMI, FL 33175 TSD				חחחחו	:N5864N1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZABALA, LUIS 11215 SW 30 ST MIAMI, FL				U1/16/07	-800\$1	-018 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE	• •	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACE	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS								

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-06 305.551-1985