


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2008 08:00 AM
Secretary of State

DOCUMENT # M14555
1. Entity Name
ANDRES AUTO TRANSMISSION REPAIRS, INC.



Principal Place of Business Mailing Address
243 W. 28TH STREET 243 W. 28TH STREET
HIALEAH, FL 33012 HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE



07182008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2520562 Not Applicable

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

6. Name and Address of Current Registered Agent

REYES, RAISA
243 W. 28TH STREET
HIALEAH, FL 33010

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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 _____ U00000955703
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 07/22/08-80002-017 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution **\$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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REYES, RAISA 202 E 17 ST HIALEAH, FL 33010
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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 an address, with all other like empowered.

SIGNATURE: *RAISA REYES* 7/18/08 (305)884-1186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #