


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # M90867

1. Entity Name
KENDALL AUTOMATIC TRANSMISSION, INC.



Principal Place of Business Mailing Address

12957 S.W. 134TH ST 12957 S.W. 134TH ST
MIAMI, FL 33186 US MIAMI, FL 33186 US



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FE Number: **65-0084241** Applied For: Not Applicable

5. Certificate of Status Desired: **\$6.75** Additional Fee Required

5. Name and Address of Current Registered Agent

LEON, AMADO J.
2081 S.W. 106 AVE
MIAMI, FL 33165

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: _____ (NOTE: Registered Agent Signature Required When Remitting) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

8. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: LEON, AMADO J.
STREET ADDRESS: 2801 S.W. 106 AVE
CITY-ST-ZIP: MIAMI, FL

TITLE: VS
NAME: HERNDON, JAMES M.
STREET ADDRESS: 22955 SW 172 CT.
CITY-ST-ZIP: MIAMI, FL

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 and changed or on an attachment with an address with all other like empowered.

SIGNATURE: *James M. Herndon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0428041
DATE: _____ DATE & PHONE #

0428041
04/30/04-20165-0-3 150.00

DO NOT WRITE IN THIS SPACE