


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000058840 1. Entity Name TRANSMISSIONS R'US INC.	
--	---

Principal Place of Business 7217 W 30TH AVE HIALEAH, FL 33018	Mailing Address 7217 W 30TH AVE HIALEAH, FL 33018
---	---

DO NOT WRITE IN THIS SPACE



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1028090	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent FERNANDEZ, CARLOS 7217 W 30TH AVE HIALEAH, FL 33018

**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 _____ (NOTE: Registered Agent signature required when re/instating) DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, CARLOS 7217 W 30TH AVE HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, LUZ 7217 W 30TH AVE HIALEAH, FL 33018
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	

**DO NOT WRITE
IN THIS SPACE**

U000000109255
04/12/04-80036-005 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Carlos Fernandez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	03-25-04 Date	(954) 964-5357 Daytime Phone #
---	-------------------------	--