



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90094 028 \*\*\*150.00

<b>DOCUMENT # P01000105126</b> 1. Entity Name <b>HEAVY DUTY TRANSMISSIONS, INC.</b>					
Principal Place of Business <b>10099 NW 89TH AVENUE BAY 6 MEDLEY, FL 33178</b>			Mailing Address <b>4926 NW 186 STREET OPA LOCKA, FL 33055-2424</b>		
2. Principal Place of Business <b>9401 NW 109 Street</b> Suite, Apt. #, etc. <b>Box # 5</b>		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>Medley, FL</b>		City & State		03232005    Chg-P    CR2E034 (10/03)	
Zip <b>33178</b>		Country <b>Dade</b>		4. FEI Number <b>65-1150853</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>SANCHEZ, ANTONIO L 4926 NW 186TH STREET OPALOCKA, FL 33055</b>			7. Name and Address of New Registered Agent Name <b>Xinet Valladares</b> Street Address (P.O. Box Number is Not Acceptable) <b>4926 NW 186 Street</b> City <b>Opalocka</b> <b>FL</b> Zip Code <b>33055</b>		
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 <b>[Signature]</b> DATE <b>04-01-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>SANCHEZ, ANTONIO L 4926 NW 186TH STREET OPALOCKA, FL 33055</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Xinet Valladares 4926 NW 186 Street Opalocka, FL 33055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		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)(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: <b>[Signature]</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>04-01-05</b> Daytime Phone # <b>305-885-1667</b>	