

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P02000126862**

1. Entity Name  
**ALL IN ONE TRANSMISSION INC.**



Principal Place of Business  
**4153 SW 47 AVE  
167  
DAVIE, FL 33314 US**

Mailing Address  
**4153 SW 47 AVE  
167  
DAVIE, FL 33314 US**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**



04212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4226768**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GONZALEZ, MIGUEL A  
4153 SW 47 AVE  
167  
DAVIE, FL 33314**

**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 reinstating) DATE \_\_\_\_\_

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

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

**UD00000130704  
04/26/04-80126-024 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **GONZALEZ, MIGUEL A**  
STREET ADDRESS **4153 SW 47 AVE STE 167**  
CITY-ST-ZIP **DAVIE, FL 33314**

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** Miguel Gonzalez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-04 954-584  
Date Daytime Phone #  
005