

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000126862

1. Entity Name

ALL IN ONE TRANSMISSION INC.



FILED

05 DEC -2 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

4153 SW 47 AVE  
167  
DAVIE FL 33314  
US

4153 SW 47 AVE  
167  
DAVIE FL 33314  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
DUE BY September 7, 2005**

**Make Check Payable to Florida Department of State**

S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700061872917  
CITY-ST-ZIP 12/05/05--01002--016 \*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Miguel Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-26-05

To: Florida Department of State  
Division of Corporations

To whom It May Concern:

My business name ALL IN ONE  
TRANSMISSIONS located at 4153 S.W. 47<sup>th</sup>  
Ave. #167 DAVIE, FL. 33314  
I didn't receive a notice in Jan  
OR Feb I receive one in July I  
post it in my mailed that I  
mailed in July & the second notice  
I called an examiner and explain  
my situation and they told me to  
write a letter and ask for my  
fee to be waiver of the \$ 400.00  
late fee. Please contact Miguel  
Gonzalez at (954) 394-9000 or  
(754) 422-2438 if you're any questions.  
I'm mailing the Fee file of  
\$150.00 that's what I was told to  
do over the phone.

Sincerely Yours,

X Miguel Gonzalez

ALL IN ONE TRANSMISSION