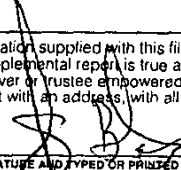


FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90246 016 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

50051852

DOCUMENT # P03000015361					
1. Entity Name 123 TRANSMISSION, INC.					
123 TRANSMISSION & GENERAL MECHANIC, INC.					
Principal Place of Business 309 N.E. 61ST STREET MIAMI, FL 33137			Mailing Address 309 N.E. 61ST STREET MIAMI, FL 33137		
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 55-0819906				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ TAGLE & ASSOCIATES 15511 S.W. 152 LANE MIAMI, FL 33187			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	PD MATOS, JORDAN 8901 N. MIAMI AVE., APT 624 EL PORTAL, FL 33150	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	GABRIEL BLANCO PD 8500 BISCAYNE BLVD LOT L 906 MIAMI FL 33138	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MEJIA, CELSO 1720 N.W. NORTH RIVER DRIVE APT #307 MIAMI, FL 33125	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BEATRIZ BLANCO VP 8500 BISCAYNE BLVD LOT L 906 MIAMI FL. ##!##	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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: 		GABRIEL BLANCO 4/28/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			