

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/13.

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

05-13-2004 90005 012 \*\*\*550.00

**DOCUMENT # P03000015499**

1. Entity Name  
**CERTIFIED AUTO TRANSMISSIONS, INC.**



**Principal Place of Business**

**15025 N.E. 18TH AVENUE  
NORTH MIAMI, FL, 33181**

**Mailing Address**

**8510 SW 97 RD  
MIAMI, FL 33173**

bb443151



**2. Principal Place of Business**

**8510 SW 97 RD**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022003

Chg-P

CR2E034 (10/03)

**City & State**

**MIAMI FL**

**City & State**

**4. FEI Number**

**14-1873194**

**Applied For**

**Not Applicable**

**Zip**

**33173**

**Country**

**Miami-Dade**

**Zip**

**Country**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

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

**LOPEZ, DENIA  
8510 SW 97 RD  
MIAMI, FL-33173**

**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**

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 8, 2004**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

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

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**President**  
**Denia Lopez**  
**8510 SW 97 Rd**  
**Miami FL 33173**

☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**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

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☐ 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:**

**Denia Lopez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/9/04**

Day

**786-512-6888**

Daytime Phone #