2006 FOR PROFIT CORPORATION ANNUAL REPORT

EOCUMENT # P03000017188

FILED May 04, 2006 8:00 am Secretary of State

1. Enlity Name MIAMI TRANSMISSION GEARS, INC.							05-04-2006 9	-		
1713 OPA LOCKA BLVD. 1			Mailing Address 1713 OPA LOCKA BLVD. OPA LOCKA, FL 33054-4221			**	· 分布集》 考入4数79.1年版			
Principal Place of Business 3.			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E03	4 (11/05)	
City & State		City & State	City & State		4. FEI Numbe 16-1654				plied For at Applicable	
Zip - Country		Zlp — -	- Country			of Status Desired		8.75 Add ee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
GAMEZ, KAREN T 7480 SW 107TH AVE. #107 MIAMI, FL 33173					Name					
					Street Address (P.O. Box Number is Not Acceptable)					
								FL	Zip Cod	е
	named entit	ly submits this statement for tered agent.	the purpose of changing its	registere	ed office or registe	ered agent, or both	n, in the State of Fl	orida. I am fa	miliar with,	and accept
SIGNATURE						od when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.										
				-		5.00 May Be ded to Fees				
			Trust Fund Conta	-	Sing \$5	ded to Fees	CHANGES TO OFF	FICERS AND	DIRECTORS	S IN 11
After Ma	PD	6 Fee will be \$550.0	O Trust Fund Cont	11.	Add	ded to Fees	CHANGES TO OFF		DIRECTORS	S IN 11
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After Ma	PD GAMEZ, I	OFFICERS AND C KAREN T 107TH AVE #107	Trust Fund Conta	11. TITLE NAMI	Add	ded to Fees	CHANGES TO OFF			
10. TITLE NAME STREET ADDRESS	PD GAMEZ, I 7480 SW	OFFICERS AND C KAREN T 107TH AVE #107	Trust Fund Conta	11. TITLE NAMI	Add	ded to Fees	CHANGES TO OFF			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR