

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089447

FILED
Apr 30, 2005
Secretary of State

Entity Name: FLORIDA AUTOMATIC TRANSMISSION PARTS, INC.

Current Principal Place of Business:

314 ALMA ST.
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

314 ALMA ST.
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 11-3700548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALCALA, TRINIDAD D
314 ALMA ST.
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOVAR, NESTOR J
Address: 1301 CYPRESS ARBOR PL.
City-St-Zip: KISSIMMEE, FL 34744 US

Title: S () Delete
Name: TOVAR, YASMIN
Address: 1301 CYPRESS ARBOR PL.
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP () Delete
Name: ALCALA, TRINIDAD D
Address: 314 ALMA ST
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TOVAR, NESTOR J
Address: 314 ALMA ST.
City-St-Zip: KISSIMMEE, FL 34741 US

Title: S (X) Change () Addition
Name: TOVAR, YASMIN
Address: 314 ALMA ST.
City-St-Zip: KISSIMMEE, FL 34741 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALCALA, TRINIDAD D

VP

04/30/2005

Electronic Signature of Signing Officer or Director

Date