

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

ATX1

<b>DOCUMENT #</b> P04000097599	
<b>1. Entity Name</b>	
SOUTH DADE TRANSMISSIONS INC	

**FILED**  
05 JUN -9 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 18630 SW 105 AVE	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-1333680	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 33157	<b>Country</b>	<b>Zip</b>	<b>Country</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

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

**Name**  
ARIAS, IRASEMA M  
**Street Address (P.O. Box Number is Not Acceptable)**  
1471 W 43 PL, #303

**City**  
HIALEAH **FL** **Zip Code**  
33012

**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** *Irasma Arias* **IRASEMA M ARIAS** **6/7/2005**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

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

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

10. OFFICERS AND DIRECTORS		11.	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P BURGOS, ROBERTO 1471 W 43 PL, #303 HIALEAH, FL 33012	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	900056153329 05/14/05--01045--017 **150.00
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP ARIAS, IRASEMA M 1471 W 43 PL, #303 HIALEAH, FL 33012	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Irasma Arias* **IRASEMA M ARIAS, VICE-PRESIDENT** **6/7/2005** **(305) 256-5603**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

15 2/27/2

**SOUTH DADE TRANSMISSIONS INC**

**18630 SW 105 AVE**

**MIAMI, FL 33157**

**PHONE:(305) 256-5603**

June 7, 2005

Florida Department of State  
P O Box 6327  
Tallahassee, Florida 32314

Subject: SOUTH DADE TRANSMISSIONS INC

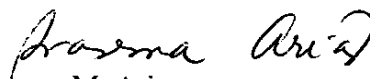
Ref: P04000097599

Enclosed please find the 2005 Annual Report, along with the payment of \$150.00.

We wish to request a waiver of the late fee, because we did not receive the postcard from you, and have been recently advised that the payment was past due since May 1, 2005.

We thank you for your understanding.

Sincerely,

  
Irasema M. Arias  
Vice-President