


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90012 038 ***150.00

DOCUMENT # P04000109139 1. Entity Name AC AUTO SERVICE & TRANSMISSION, INC.			
Principal Place of Business 9603 NW 12 ST MIAMI, FL 33172		Mailing Address 9603 NW 12 ST MIAMI, FL 33172	
2. Principal Place of Business 9600 NW 13 Street Suite, Apt. #, etc.		3. Mailing Address 9600 NW 13 Street Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33172		Zip 33172	
Country		Country	
4. FEI Number 20-1410963		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, HECTOR 9603 NW 12 ST MIAMI, FL 33172		7. Name and Address of New Registered Agent Name SANCHEZ, HECTOR Street Address (P.O. Box Number is Not Acceptable) 9600 NW 13 Street City MIAMI FL Zip Code 33172	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD SANCHEZ, HECTOR 9603 NW 12 ST MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SANCHEZ, HECTOR 9600 NW 13 Street MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SANCHEZ, HECTOR M 9603 NW 12 ST MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SANCHEZ, HECTOR 9600 NW 13 Street MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Hector M. Sanchez Hector M. Sanchez 01/13/06 (786) 331-7252</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			