FILED Apr 11, 2008 8:00 am Secretary of State

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	AN	INUAI	L RE	PORT		

	ANNUAL	REPURI	Secretary or State						
DOCUMENT # P04000122841 1. Enlity Name C & D TRANSMISSIONS, CORP.					04-11-2008 90035 046 ***150.00				
Principal Plac	e of Business	Mailing Address			46064879				
4020 E 8 AVENIDA 705 E 56 STREET					2500.0.0				
HIALEAH, FL 33013 HIALEAH, FL 33013					· . ·				
110122741, 12		Timeenin, TE 00015							
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
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Suite, Apt.		Suite, Apt. #, etc.		•	04070000 Oh - D	OD0E004 (4040C)			
					04072008 Chg-P	CR2E034 (12/06)			
City & Stat	е	City & State	_		4. FEI Number	Ar	plied For		
Hial	rah EC	Itidliah	EL.		20-1542871	No	ot Applicable		
Zip	Country	Zip	Country		E Castificate of Status Desired	□ \$8.75 Add	ditional		
3301	<u>.3</u>	33013	U.	، ي	5. Certificate of Status Desired	Fee Require			
	6. Name and Address of Current	 	Ī		7. Name and Address of New	Registered Agent	1		
				-Namo ————————————————————————————————————					
NUNEZ, C			\vdash						
	STREET #16		[]	Street Address (f	P.O. Box Number is Not Acceptab	le)	1		
HIALEAH,	FL 33012		\vdash						
			}				ł		
j				City		FL Zip Cod	e		
9 Th		- A / / · · · ·		- 17'					
	named entity submits this statement to ions of registered agent.	trie purpose of changing its re	egistered	DIRICE OF registers	ed agent, or both, in the State of F	ionda. I am tamiliar with,	and accept		
ine osingui		100					~ \		
SIGNATURE	4 alent	1/04				4-8-01	8		
0.0.0.0	Signature, typed or printed name of registered agent a	and title it applicated (NOTE: I	Registered Ap	gent signalure required:	when reinstating)	DATE			
· · · · · · · · · · · · · · · · · · ·									
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig	n Financir	ng \$5 .	00 мау Ве		1		
	ay 1, 2008 Fee will be \$550.(Trust Fund Contrib	bution.	☐ Adde	ed to Fees		1		
	055:0500 410	0,0507000			100/1010/00/00/1010/050 70 05	5.0500 4410 0.050700			
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OF				
TITLE	DP	Delete	TITLE			☐ Change	☐ Addition		
NAME	NUNEZ, CARLOS R		NAME						
STREET ADDRESS	1350 W 29 STREET #16		4	ADDRESS			j		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST	ZIP					
TITLE	DV	☐ Delete	TITLE			Change	☐ Addition		
NAME	NUNEZ, DALIA A		NAME						
STREET ADDRESS	1350 W 29 STREET #16		STREET A	ADDRESS					
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST	- ZIP			į		
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STREET ADDRESS	1		STREET	ADDRESS					
- CITY:ST-ZIP-			- CITY ST	-ZIP					
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STREET ADDRESS				ADDRESS			İ		
CITY-ST-ZIP			CITY-ST	ı					
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TITLE		☐ Defete	TITLE	ļ		☐ Change	☐ Addition ↓		
NAME			NAME						
STREET ADDRESS			1	ADDRESS					
CITY-ST-ZIP	L.,		CITY-ST	- ZIP					
	certify that the information supplied with								
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empo	i true and accurate and that my owered to execute this report a	y signaturi Sagovirec	e snaii nave the s d by Chanter 607	same legal effect as it made under . Florida Statutes: and that my nac	i oath; that I am an officer ne appears in Block 10 oi	or director		
changed,	or on an attachment with an address	with all other like employed			,				
	C TIL	6 /U///	بو ب			7 701 7	01 301		
SIGNAT	URE:	= 1101/0	4		4-8.08	7. 786. Z	30. JP1		
	₹ 51GNATURE AND TYPED OR P	RINTED MAKE OF SIGNING OFFICER OF	PECTOR	,	Date	Daytime Phone #	1		