

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90114 027 ***158.75

DOCUMENT # P04000123413

1. Entity Name
SOUTH TRANSMISSIONS REPAIRS, INC.



Principal Place of Business
**7001 W. 35TH AVENUE #179
HIALEAH, FL 33018**

Mailing Address
**7001 W. 35TH AVENUE #179
HIALEAH, FL 33018**

2. Principal Place of Business
14985 NW 22 CT.
Suite, Apt. #, etc.

3. Mailing Address
14985 NW 22 CT
Suite, Apt. #, etc.



04062005 Chg-P CR2E034 (10/03)

City & State
OPA-locka FL.
Zip
33054 Country
USA

City & State
OPA-locka FL
Zip
33054 Country
USA.

4. FEI Number
20-1549488 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CASTILLO, RICARDO
7001 W. 35TH AVENUE #179
HIALEAH, FL 33018**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CASTILLO, RICARDO
7001 W. 35TH AVENUE #179
HIALEAH, FL 33018** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CASTILLO, ELBA
7001 W. 35TH AVENUE #179
HIALEAH, FL 33018** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with the address, with all other like empowered.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

DATE

(Typed Name)

4/7/05 305 6818811