


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-01-2006 90034 046 ***150.00

DOCUMENT # P05000139018					
1. Entity Name FPA TRANSMISSIONS INC					
Principal Place of Business 330 N CONGRESS AVE DELRAY BEACH, FL 33445 US			Mailing Address 330 N CONGRESS AVE DELRAY BEACH, FL 33445 US		
2. Principal Place of Business 330 N. Congress Ave Suite, Apt. #, etc		3. Mailing Address Same			
City & State Del Ray Beach FLA		City & State		4. FEI Number 203597967	
Zip 33445		Country P.B.C.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHN PORTER ACCOUNTING INC 400 S FEDERAL HWY 404 BOYNTON BEACH, FL 33435			7. Name and Address of New Registered Agent Name: FPA TRANSMISSION INC Street Address (P.O. Box Number is Not Acceptable): 330 N. Congress Ave City: Del Ray Beach FL Zip Code: 33445		
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: _____ (NOTE: Registered Agent signature required when releasing) DATE: _____					
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					
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRERA, FRANK		NAME		
STREET ADDRESS	2757 EVERGREEN CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	BOYNTON BEACH, FL 33426		CITY- ST- ZIP		
TITLE	VO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAEFNER, PAUL		NAME		
STREET ADDRESS	2951 VIA PALMA		STREET ADDRESS		
CITY- ST- ZIP	LAKE WORTH, FL 33461		CITY- ST- ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRERA, ANGELA		NAME		
STREET ADDRESS	2757 EVERGREEN CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	BOYNTON BEACH, FL 33426		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 another like empowered.					
SIGNATURE: <i>Frank Guerrero</i>			1-31-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66005403



01222006 Chg-P CR2E034 (11/05)



ATTACHMENT
66005403

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2006

FPA TRANSMISSIONS INC
330 N CONGRESS AVE
DELRAY BEACH, FL 33445 US

Subject: FPA TRANSMISSIONS INC

Reference Number: P05000139018

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION