

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000027904

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** TRANSMISSION CENTER OF WILTON MANORS, INC.

**Current Principal Place of Business:**

7700 N. KENDALL DR., STE. 503  
MIAMI, FL 33156

**New Principal Place of Business:**

7700 N. KENDALL DR., STE. 606  
MIAMI, FL 33156

**Current Mailing Address:**

7700 N. KENDALL DR., STE. 503  
MIAMI, FL 33156

**New Mailing Address:**

7700 N. KENDALL DR., STE. 606  
MIAMI, FL 33156

**FEI Number:** 26-2193435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FISH, MICHAEL K.  
7700 N. KENDALL DR., STE. 503  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

FISH, MICHAEL K.  
7700 N. KENDALL DR., STE. 606  
MIAMI, FL 33156 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

01/06/2012

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FISH, MICHAEL K.  
Address: 7700 N. KENDALL DR., STE. 606  
City-St-Zip: MIAMI, FL 33156

Title: D  
Name: FISH, DOUGLAS  
Address: 900 SW 142 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D  
Name: ORS, LOURDES  
Address: 7700 N. KENDALL DR., STE606  
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS FISH

Electronic Signature of Signing Officer or Director

PRES

01/06/2012

Date