

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000069480

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** GUILLEN TRANSMISSION & AUTO REPAIR, INC.

**Current Principal Place of Business:**

1006 PONDELLA ROAD  
NORTH FORT MYERS, FL 33903 US

**New Principal Place of Business:**

1006 PONDELLA ROAD  
UNIT B  
NORTH FORT MYERS, FL 33903 US

**Current Mailing Address:**

1006 PONDELLA ROAD  
NORTH FORT MYERS, FL 33903 US

**New Mailing Address:**

1006 PONDELLA ROAD  
UNIT B  
NORTH FORT MYERS, FL 33903 US

**FEI Number:** 27-0764275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUILLEN, PEDRO  
165 SE 22ND ST  
CAPE CORAL, FL 33990 US

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

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GUILLEN, PEDRO  
Address: 165 SE 22ND ST  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: VP  
Name: ORALIA, GUILLEN  
Address: 165 SE 22ND ST  
City-St-Zip: CAPE CORAL, FL 33990 US

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: PEDRO GUILLEN

P

02/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date