

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90068 001 \*\*\*300.00

**DOCUMENT # P93000065035**

1. Entity Name  
**LORY TRANSMISSION PARTS, INC.**



Principal Place of Business  
**2414 S.W. 8TH ST.  
MIAMI, FL 33135**

Mailing Address  
**2414 S.W. 8TH ST.  
MIAMI, FL 33135**

**66001131**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0457095</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ARAZOZA, COMAS, DEL TORRES & FERNANDEZ PA  
2100 SALZEDO ST  
STE 300  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PSD
NAME	GRANDE, CARLOS
STREET ADDRESS	2414 S.W. 8TH ST.
CITY - ST - ZIP	MIAMI, FL 33135

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
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CITY - ST - ZIP	

**LORY  
TRANSMISSION PARTS  
JAN - 7 2006  
ACCOUNTS  
PAYABLE**

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/27/06**