


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000054552**  
 1. Entity Name  
**OPA LOCKA TRANSMISSION DEPOT CORPORATION**



Principal Place of Business      Mailing Address  
**3305 NW 135 ST**                      **3305 NW 135 ST**  
**OPA LOCKA, FL 33054**                **OPA LOCKA, FL 33054**

**DO NOT WRITE IN THIS SPACE**



04192006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0506575</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

**GONZALEZ, NELSON**  
**3305 NW 135 ST**  
**OPA LOCKA, FL 33054**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

1100000530538  
 05/06/06-80001-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, NELSON
STREET ADDRESS	3305 NW 135 ST
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	D
NAME	GONZALEZ, NORA
STREET ADDRESS	3305 NW 135 ST
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Nelson Gonzalez* **PRESIDENT**      4/19/06 (305) 685-2695  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #