

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90066 030 ***150.00

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

6. Name and Address of Current Registered Agent

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

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 reinstating) DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	


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: *Nelson Gonzalez* **NELSON GONZALEZ** *April 17, 2008* **305-6852895**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40072570



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
65-0506575	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required