

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092362

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: GUIDI TRANSMISSION PARTS, INC.

## Current Principal Place of Business:

2740 WEST 2ND AVE  
HIALEAH, FL 33010 US

## New Principal Place of Business:

## Current Mailing Address:

2740 WEST 2ND AVENUE  
HIALEAH, FL 33010

## New Mailing Address:

2740 WEST 2ND AVE  
HIALEAH, FL 33010 US

FEI Number: 65-0545552

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUIDI, ARNALDO C  
3386 SW 135 CT.  
MIAMI, FL 33175 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GUIDI, ARNALDO C.  
Address: 3386 SW 135CT  
City-St-Zip: MIAMI, FL 33175 US

Title: D ( ) Delete  
Name: GUIDI, MIGDALIA  
Address: 3386 SW 135 CT.  
City-St-Zip: MIAMI, FL 33175 US

Title: D ( ) Delete  
Name: GUIDI, ARNOLD  
Address: 9702 SW 56 TER.  
City-St-Zip: MIAMI, FL 33173 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARNALDO C GUIDI

OWNE

02/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date