

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90435 042 ***150.00

DOCUMENT # P95000015143

1. Entity Name
REMY TRANSMISSIONS & GENERAL MECHANICS, INC.



Principal Place of Business
2043 N. MIAMI AVENUE
MIAMI, FL 33127-4913 US

Mailing Address
2043 N. MIAMI AVENUE
MIAMI, FL 33127-4913 US

2. Principal Place of Business
8020 N. MIAMI Ave
Suite, Apt. #, etc.

3. Mailing Address
8020 N. MIAMI Ave
Suite, Apt. #, etc.



04272005 Chg-P CR2E034 (10/03)

City & State
MIAMI FL
Zip
33150
Country
USA

City & State
MIAMI FL
Zip
33150
Country
U.S.A

4. FEI Number
65-0563890
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEJIA, CELSO
2043 N MIAMI AVE
MIAMI, FL 33127-4913

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8020 N. MIAMI Ave
City MIAMI FL Zip Code 33150

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	MEJIA, NORMA	
STREET ADDRESS	2043 N. MIAMI AVENUE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D.	<input checked="" type="checkbox"/> Delete
NAME	MEJIA, ISABEL	
STREET ADDRESS	2043 N MIAMI AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MEJIA, CELSO	
STREET ADDRESS	2043 N MIAMI AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8020 N. MIAMI AVE	
STREET ADDRESS	MIAMI FL 33150	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEJIA, ALEIDA	
STREET ADDRESS	8020 N. MIAMI AVE	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8020 N. MIAMI AVE	
STREET ADDRESS	MIAMI, FL 33150	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Celso Mejia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/05

(305) 756-0793