

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000075992

FILED
May 27, 2008
Secretary of State

Entity Name: ALL PRO TRANSMISSIONS INC.

Current Principal Place of Business:

214 MARGATE CT
BAY 7
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

214 MARGATE CT
BAY 7
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-0778708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUERTAS, LUIS A
10001 WEST ATLANTIC BLVD.
APT. 224
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

HUERTAS, LUIS A
5568 NW 90TH AVENUE
SUNRISE, FL 33351 US

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: LUIS A HUERTAS 05/27/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUERTAS, JAIME A
Address: 5568 N.W 90TH AVENUE
City-St-Zip: SUNRISE, FL 33351

Title: S () Delete
Name: HUERTAS, GILBERTO
Address: 10001 WEST ATLANTIC BLVD APT.322
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T () Delete
Name: HUERTAS, LUIS A
Address: 10001 WEST ATLANTIC BLVD APT.224
City-St-Zip: CORAL SPRINGS, FL 33071

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: LUIS A HUERTAS P 05/27/2008

Electronic Signature of Signing Officer or Director Date