

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000053246

1. Entity Name

SMART AUTO TRANSMISSION INC.



Principal Place of Business

9092 N.W. SOUTH RIVER DR.
#34
MEDLEY FL 33166

Mailing Address

9092 N.W. SOUTH RIVER DR.
#34
MIAMI FL 33166



2. Principal Place of Business - No P.O. Box #

9092 N.W. SOUTH RIVER DR.

Suite, Apt. #, etc.

#34

City & State

MEDLEY

Zip

33166

Country

FLA

3. Mailing Address

9092 N.W. SOUTH RIVER DR.

Suite, Apt. #, etc.

#34

City & State

MIAMI FLA 33166

Zip

33166

Country

FLA

1st MOORE

CR2E034 (10/06)

4. FEI Number

65-0843831

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, PAULINO
3851 SW 147TH AVENUE
BLDG 3 UNIT 101
MIAMI FL 33185

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTSD
GARCIA, PAULINO
9092 N.W. SOUTH RIVER DR.
MEDLEY FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U00000612617
02/05/07-80006-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/2007 305 884 0404