


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000053246</b>	
1. Entity Name <b>SMART AUTO TRANSMISSION INC.</b>	

Principal Place of Business <b>9092 N.W. SOUTH RIVER DR. #34 MEDLEY FL 33166</b>	Mailing Address <b>9092 N.W. SOUTH RIVER DR. #34 MIAMI FL 33166</b>
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2. Principal Place of Business - No P.O. Box # <b>9092 NW SOUTH RIVER DR</b>	3. Mailing Address <b>9092 NW SOUTH RIVER DR</b>
Suite, Apt. #, etc. <b>#34</b>	Suite, Apt. #, etc. <b>#34</b>
City & State <b>MEDLEY</b>	City & State <b>MIAMI</b>
Zip <b>33166</b>	Country <b>FLORIDA</b>
Zip <b>33166</b>	Country <b>FL</b>

1st MOORE CR2E034 (10/07)

4. FEI Number <b>65-0843831</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>GARCIA, PAULINO 3851 SW 147TH AVENUE BLDG 3 UNIT 101 MIAMI FL 33185</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

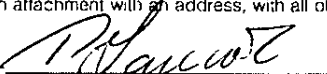
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD GARCIA, PAULINO 9092 N.W. SOUTH RIVER DR. MEDLEY FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000828579</b> <b>02/21/08-80055-010 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Paulino Garcia** **02/08/2008** **305 884 0404**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, the Month, the Year