


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P99000056966 1. Entity Name AUTOMATIC TRANSMISSION REMANUFACTURING, INC. |  |
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|---|---|
| Principal Place of Business 7490 NW 68 ST MIAMI, FL 33166 | Mailing Address 7490 NW 68 ST MIAMI, FL 33166 |
|---|---|

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 65-0930283 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
**ZABALA, LUIS
3130 S.W. 107TH AVENUE
MIAMI, FL 33165**

**DO NOT WRITE
IN THIS SPACE**

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 remaining)
Signature, typed or printed name of registered agent and title if applicable. DATE

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ZABALA, LUIS 3130 S.W. 107TH AVENUE MIAMI, FL 33165 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP DIAZ, ELIO 3130 S.W. 107TH AVENUE MIAMI, FL 33165 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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01/12/07-80009-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Luis Zabala **LUIS ZABALA** 01/05/07 305-887-1661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #