

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000082513

**Entity Name:** TRANSMISSION DOCTOR, INC.

**Current Principal Place of Business:**

7548 W. MCNAB RD.  
BAY A-9/10  
N. LAUDERDALE, FL 33068

**Current Mailing Address:**

7548 W. MCNAB RD.  
BAY A-9/10  
N. LAUDERDALE, FL 33068

**FEI Number:** 65-0616290

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

AMENDOLARO, BRIAN P  
7548 W. MCNAB RD., BAY A - 9/10  
NORTH LAUDERDALE, FL 33068 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name AMENDOLARO, BRIAN  
Address 11646 PARADISE COVE LANE  
City-State-Zip: WELLINGTON FL 33449

Title VP  
Name AMENDOLARO, GABRIELLA K  
Address 11646 PARADISE COVE LANE  
City-State-Zip: WELLINGTON FL 33449

I hereby 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 all other like empowered.

**SIGNATURE:** BRIAN AMENDOLARO

**PRESIDENT**

**01/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date