

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

04-07-2006 90037 010 ***150.00

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1. Entity Name
 ALL OPA-LOCKA HIALEAH RADIATOR INC.



Principal Place of Business: 4240 NW 133 STREET BAY B OPA LOCKA, FL 33054
 Mailing Address: 14521 NE 2 AVENUE MIAMI, FL 33161

50009986



03202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: 4240 NW 133 ST BAY B Suite, Apt. #, etc.

City & State: OPALOCKA, FL

4. FEI Number: 01-0701829 Applied For: Not Applicable

Zip: 33054 Country: MIAMI DADE

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, MANUEL
 14521 N.E. 2ND AVENUE
 MIAMI, FL 33161

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	<input type="checkbox"/> Delete
D	FERNANDEZ, MANUEL	14521 NE 2 AVENUE	MIAMI, FL 33161	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #