


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P34447</b><br>1. Entity Name<br>DIESEL RADIATOR CO. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>1985 JANICE AVENUE<br>MELROSE PARK, IL 60160 | Mailing Address<br>1985 JANICE AVENUE<br>MELROSE PARK, IL 60160 |
|---|---|

DO NOT WRITE IN THIS SPACE



07072008 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br>36-2821637   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>SUAREZ, HUMBERTO<br>205 GULFVIEW DR<br>ISLAMORADA, FL 33036 |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|---|------------|

FILE NOW!!! FEE IS \$150.00  
 Due by September 12, 2008

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SUAREZ, HUMBERTO<br>1985 JANICE AVENUE<br>MELROSE PARK, IL  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>BURKHART, LISA<br>1985 JANICE AVENUE<br>MELROSE PARK, IL    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>CAHILL, BRIAN P<br>1958 JANICE AVE<br>MELROSE PARK, IL 60160 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br>  |

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U00000955108  
 07/16/08-80003-008 150.00

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 <u>Humberto Suarez</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <u>7/7/08</u> | Daytime Phone # <u>708 345 9244</u> |
|---|--------------------|-------------------------------------|