


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 651711</b>		
1. Entity Name <b>ROBERT AUTO RADIATOR CORE MFG., INC.</b>		
Principal Place of Business <b>3770 EAST 10TH COURT HIALEAH, FL 33013</b>		Mailing Address <b>3770 EAST 10TH COURT HIALEAH, FL 33013</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
01072008 No Chg-P CR2E034 (11/05)		
4. FEI Number <b>59-2014399</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>ESPINEL, ROSA SEC/TRE 3770 E 10TH COURT HIALEAH, FL 33013</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000832479 04/23/08-80067-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESPINEL, ROBERTO 6061 COLLINS AVE, APT 19F MIAMI BEACH, FL 33140	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ESPINEL, ROSA 6061 COLLINS AVE, APT 19F MIAMI BEACH, FL 33140	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>Rosa Espinel, Sec. Treasurer - Rosa Espinel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/8/07</u> <sup>305</sup> <sub>235-8010</sub> <small>Daytime Phone #</small>