


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90106 019 ***150.00

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|--|---|---|--|---|--|
| DOCUMENT # P00000034204 | | | |  | |
| 1. Entity Name HIALEAH RADIATOR CORPORATION | | | | | |
| Principal Place of Business 1002 EAST 29TH STREET HIALEAH, FL 33013 | | | Mailing Address 1002 EAST 29TH STREET HIALEAH, FL 33013 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 03262004 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 65-0998340 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DORTA, MAROLO 1002 EAST 29TH STREET HIALEAH, FL 33013 | | | Name OCTAVIO DORTA Street Address (P.O. Box Number is Not Acceptable) 1002 EAST 29TH ST. City Hialeah FL Zip Code 33013 | | |
| 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: <i>[Signature]</i> OCTAVIO DORTA 04/16/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD DORTA, MANOLO <input checked="" type="checkbox"/> Delete 1002 EAST 29TH STREET HIALEAH, FL 33013 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.V.P, T, S. <input type="checkbox"/> Change <input type="checkbox"/> Addition OCTAVIO DORTA 4560 W. 9 AVE. HIALEAH, FL. 33012 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> OCTAVIO DORTA 04/16/2004 (305) 836-6087 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |