## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Apr 25, 2008 08:00 AN Secretary of State

DOCUMENT # P0000  1. Entity Name F.R. DIESEL CORPORATION		
Principal Place of Business	Mailing Address	
10200 NW 25TH ST	10200 NW 25TH ST	
207	207	
DORAL, FL 33172	DORAL, FL 33172	

	NL, 11 33172						
				1 6 8 1 1 8 8 8 1 1 1 8 8 8 1 1 1 1 1 1	<b>                                     </b>		
DO NOT WRITE IN THIS SPACE		`. ~ <b></b>	04222008	No Chg-P	CR2E034 (1	1/05)	
		<b>√</b> E	4. FEI Numb 65-111			Applied For Not Applicable	
		,			of Status Desired		5 Additional
	6. Name and Address of Current Regis	stered Agent				Fee F	Required
PELUSSO, ANDRES 4320 W 11TH CT HIALEAH, FL 33012		DO NOT WRITE					
HIALLAH,	11 33012			IN 7	THIS SP	ACE	
the obligat	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	ed office or register	red agent, or bo	th, in the State of Flo	rida. I am familia	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registered	f Agent signature required	when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		.00 May Be ed to Fees	U000003; 05/15/08-8;	22613 0053-021	150.00
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUIZ, FRANKLIN 4320 W 11TH CT HIALEAH, FL 33012		. ,				1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PELUSSO, ANDRES 4320 W 11TH CT HIALEAH, FL 33012			į.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME SIREEI ADDRESS CITY-ST-ZIP				IN.	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							·
TITLE NAME STREET ADDRESS CITY-ST-ZIP		* ;					
12. I hereby o	certify that the information supplied with this fi	ling does not qualify for the exe	mptions contained	in Chapter 119	, Florida Statutes. I f	urther certify tha	t the information

I hereby certify that the information supplied with this filling 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.

| GNATURE: | AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #