## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 29, 2005 08:00 AM Secretary of State **DOCUMENT # P02000044190** 1. Entity Name ALL OPA-LOCKA HIALEAH RADIATOR INC. Principal Place of Business Mailing Address 4240 WW 133 STREET BAY B 14521 NE 2 AVENUE OPA LOCKA, FL 33054 MIAMI, FL 33161 CR2E034 (10/03) 01122005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0701829 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FERNANDEZ, MANUEL 14521 N.E. 2ND AVENUE MIAMI, FL 33161 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE FERNANDEZ, MANUEL NAME 14521 NE 2 AVENUE STREET ADDRESS U00000342547 CITY-ST-ZIP MIAMI, FL 33161 (4/23/05-80060-004 15n.nd TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

VATURE AND TYPED OR PHINNED NAME OF SIGNING OFFICER OR DIRECT

4-11-05

105-685-1280

FILED