


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90242 020 ***150.00

DOCUMENT # P04000033821	
1. Entity Name La Flecha Radiators, Inc.	

DO NOT WRITE IN THIS SPACE

20044231

2. Principal Place of Business 9092 NW South River Dr		3. Mailing Address 9092 NW South River Dr	
Suite, Apt. #, etc. Bay 52		Suite, Apt. #, etc. Bay 52	
City & State Medley, FL		City & State Medley, FL	
Zip 33166	Country Miami Dade	Zip 33166	Country Miami Dade

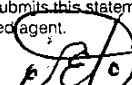
DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0772447		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	
Name Enrique Diaz	
Street Address (P.O. Box Number is Not Acceptable) 9092 NW South River Dr Bay 52	
City Medley	FL Zip Code 33166

**DO NOT WRITE
IN THIS SPACE**

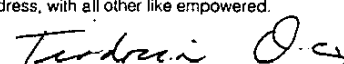
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating.) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Diaz Teodonia / P 9092 NW South River Dr Bay 52 Medley, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Diaz Enrique / VP 9092 NW South River Dr Bay 52 Medley, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Date **305 889 2009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)