


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000033821			
1. Entity Name LA FLECHA RADIATORS, INC.			
Principal Place of Business 9092 NW SOUTH RIVER DR BAY 52 MIAMI, FL 33166		Mailing Address 9092 NW SOUTH RIVER DR BAY 52 MIAMI, FL 33166	
DO NOT WRITE IN THIS SPACE			
		01132006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-0772447	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 DIAZ, ENRIQUE 9092 NW SOUTH RIVER DR BAY 52 MIAMI, FL 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 <u><i>Teodocia Diaz</i></u> DATE <u>01-13-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	P		
NAME	DIAZ, TEODOCIA		
STREET ADDRESS	3901 S OCEAN DR 15V		
CITY-ST-ZIP	HOLLYWOOD, FL 33019		
TITLE	V		
NAME	DIAZ, ENRIQUE		
STREET ADDRESS	3901 S OCEAN DR 15V		
CITY-ST-ZIP	HOLLYWOOD, FL 33019		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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><i>Teodocia Diaz</i></u>		DATE <u>01-13-06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	