

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90107 021 \*\*\*150.00

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
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04142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

5. Name and Address of Current Registered Agent

DIAZ, ENRIQUE  
9092 NW SOUTH RIVER DR BAY 52  
MIAMI, FL 33166

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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: Teodocia Diaz (NOTE: Registered agent signature required when releasing) DATE: \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	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	P DIAZ, TEODOCIA 3901 S OCEAN DR 15V HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIAZ, ENRIQUE 3901 S OCEAN DR 15V HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIAZ Teodocia 9092 NW S River Dr Bay #52 Medley FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Enrique DIAZ 9092 NW So. River Drive Bay #52 Medley FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Teodocia Diaz SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_