

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P34447

1. Entity Name
DIESEL RADIATOR CO.



Principal Place of Business
1985 JANICE AVENUE
MELROSE PARK, IL 60160

Mailing Address
1985 JANICE AVENUE
MELROSE PARK, IL 60160

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2821637

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, HUMBERTO
205 GULFVIEW DR
ISLAMORADA, FL 33036

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SUAREZ, HUMBERTO
STREET ADDRESS	1985 JANICE AVENUE
CITY-ST-ZIP	MELROSE PARK, IL
TITLE	VS
NAME	BURKHART, LISA
STREET ADDRESS	1985 JANICE AVENUE
CITY-ST-ZIP	MELROSE PARK, IL
TITLE	V
NAME	CAHILL, BRIAN P
STREET ADDRESS	1958 JANICE AVE
CITY-ST-ZIP	MELROSE PARK, IL 60160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000955108
07/16/08-80003-008 150.00

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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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/08

Date

708 345 9244

Daytime Phone #