

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90190 005 ***150.00

DOCUMENT # P99000092147

1. Entity Name
FLECHA AUTOMOTIVE, INC.



Principal Place of Business
2540 WILLARD STREET
FORT MYERS, FL 33901

Mailing Address
2540 WILLARD STREET
FORT MYERS, FL 33901

00040046



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

58-2501810

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, CRAIG
10630 MCGREGOR BLVD
FORT MYERS, FL 33919

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete
NAME FLECHA, EVA
STREET ADDRESS 117 SE 1ST STREET
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PTD ☐ Delete
NAME FLECHA, ROBERTO
STREET ADDRESS 2515 FIRST STREET
CITY-ST-ZIP FT MYERS, FL 33916

TITLE PTD ☒ Change ☐ Addition
NAME Flecha, Roberto
STREET ADDRESS 117 SE 1st Street
CITY-ST-ZIP Cape Coral FL 33990

TITLE VP ☐ Delete
NAME GONZALEZ, YVONNE
STREET ADDRESS 1755 RED CEDAR DR., APT. 22
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE VP ☒ Change ☐ Addition
NAME Gonzalez, Yvonne
STREET ADDRESS 821 SW 10th Place
CITY-ST-ZIP Cape Coral, FL 33991

TITLE D ☒ Delete
NAME FLECHA, ELIAS
STREET ADDRESS 1717 NE 6TH TERR
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roberto Flecha 4-29-05 694-4301

Date

Daytime Phone #