

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 99000092147					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-2501810	
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 resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00					
9. Election Campaign Financing			\$5.00 May Be Added to Fees		
Trust Fund Contribution ☐					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD FLECHA, EVA 373 HORIZON DRIVE NORTH FORT MYERS, FL 33903	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD FLECHA, ROBERTO 373 HORIZON DRIVE NORTH FORT MYERS, FL 33903	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP GONZALEZ, YVONNE 821 SW 10TH PL CAPE CORAL, FL 33991	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
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			U00000941207 05/28/08-80096-013 150.00		
SIGNATURE: _____			April 29, 2008 239 694-4301		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		