


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90215 024 ***158.75

DOCUMENT # P02000106252
 1. Entity Name
QUICK LUBE HILLSBOROUGH AVENUE, INC.



Principal Place of Business
**3924 E HILLSBOROUGH AVE
 TAMPA, FL 33610**

Mailing Address
**3924 E HILLSBOROUGH AVE
 TAMPA, FL 33610**

94070827



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1988852	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BONDOGJI, MAZEN
 8318 VOLUSIA PLACE
 TAMPA, FL 33637**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONDOGJI, MAZEN 8318 VOLUSIA PLACE TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV BONDOGJI, MAZEN 8318 VOLUSIA PLACE TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BONDOGJI, MAZEN 8318 VOLUSIA PLACE TAMPA, FL 33637
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4-28-04 (813) 368-4400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #