20	08 FOR PROF	IT CORPORAT L REPORT	FILED May 01, 2008 8:00 am Secretary of State			
DOCUMENT # F07000005923 1. Enlity Name ENVIRO FUELS MANUFACTURING, INC.				05-01-2008 90233 020 ***150.0		
Principal Place of JOEL MARCUS, C 676 WEST PROS FT. LAUDERDAL	.P.A. Spect road	Mailing Address JOEL MARCUS, C.P.A. 676 WEST PROSPECT RO FT. LAUDERDALE, FL 33				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022008 Chg-P CF	R2E034 (12/06)	
City & State		City & State		4. FEI Number 26-1223010	Applied For Not Applicable	
Zip	Country	Zip	Country		\$8.75 Additional	

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					26-1223010			Not Applicable
Zip	Country	Zip	Country		5. Certilicate of Statu	s Desired		8.75 Additional e Required
	Name and Address of Current R	egistered Agent	L		7. Name and Addres	s of New Regis	stered Ag	ent -
MARCUS, JOE	- = = 1			Name		<u> </u>	~	
676 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309				Street Address (P.O. Box Number is Not Acceptable)				
	ALL, IL 00000							
				City			FL	Zip Code
	ed entity submits this statement for of registered agent.	the purpose of chang	ging its registere	d office or re	gistered agent, or both, in the	e State of Florida	i. Lam far	niliar with, and accept
	ture, typed or printed name of registered agent an	d title il applicablu.	(NOTE: Registered	f Agent signature	equired when reinstating)		DATE	
	OW!!! FEE IS \$150.00 , 2008 Fee will be \$550.0		Campaign Finan	cing	\$5.00 May Be Added to Fees			

Daytime Phone #

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10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICEF	S AND DIRECTORS	SIN 11	
TITLE	P	Delete	TITLE		🗌 Change	Addition	
NAME	MARCUS, JOEL		NAME				
STREET ADDRESS	676 WEST PROSPECT ROAD		STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		CITY-ST-ZIP				
TITLE		Delete	TITLE		Change	Addition	
NAME			NAME			_	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·	Delete	TITLE		Change	Addition	
NAME		_ 5000	NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		Delete	TITLE		Change	Addition	
NAME			NAME			-	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		Delete	JITLE		Change	Addition	
NAME			NAME			_	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		Deletc	THTLE		Change	Addition	
NAME			NAME			_	
STREET ADURESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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:							
JUGIA		D NAME OF SIGNING OFFICER OF	DIRECTOR	Date	Daytime Phone #		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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