2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # G48534 1. Entity Name LIMA SERVICE STATION, INC.							04-28-2008 90384 015 ***150.00				
Principal Place of Business 9850 NW 117 WAY MEDLEY, FL 33178 US			9	ailing Address 1850 NW 117 WAY MEDLEY, FL 33178	÷ .•						
2. Principal Place of Business - No P.O. Box #				Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.	 	03142008	Chg-P	_ CR2E03	34 (12/06)	···	
City & State				City & State		4. FEI Numb				plied For t Applicable	
Zip	Country			Zip Cou		try	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current				tered Agent	7. Name and Address of New Registered Agent Name						
LIMA, JUAN 9850 N.W. 117 WAY MEDLEY, FL 33178					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, sypad or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) DATE											
FILE NOWIL! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	PD	OFFICERS AN	D DIRE	CTORS Delete	11. TITL		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	LIMA, JUAN NAI 9850 NW 117 WAY STR					l				_ v.ta.i.go	
TITLE NAME STREET ADDRESS CITY-ST-ZIP										☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP								**		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Celete						Change	☐ Addition
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: Juan Lima 4/22/08 305-863-3773 Dayting Phone #											