2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 23, 2007 8:00 am **Secretary of State** DOCUMENT # G99696 1. Entity Name 03-23-2007 90023 008 ***150.00 DEEP LUBE CORP. Principal Place of Business Mailing Address 7441 WAYNE AVE #1514 7441 WAYNE AVE 400400-**APT 15-M** MIAMI BEACH FL 33139 MIAMI BEACH FL 33141 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 65-01-18873 -Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PINTER, ZOLTAN Street Address (P.O. Box Number is Not Acceptable) 7441 WAYNE AVE APT 15-M MIAMI BEACH FL 33141 City 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) FILE.NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 THE Director & Secretary Change ☐ Defete HILE OIEDA, JESUS NAME NAME 7441 WAYNE AVE, APT 15-M STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY - ST - ZIP CITY - S1 - ZIP ☐ Delete ш ☐ Change ☐ Addition PINTER, ZOLTAN NAME NAMI 7441 WAYNE AVE, APT 15-M STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY - ST - 7IP CHY-ST-7P 🖬 Delete TITLE TITLE □ Change ☐ Addition BECERRA, MARIA NAME NAME 7441 WAYNE AVE, APT 15-M STREET ADDRESS STREET ADORESS MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-\$1-7IP TITLE ☐ Delete 11111 ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-7IP ☐ Delete HILL Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7/P CHY-SI-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 argachment with all other like empowered.

FILED