

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K20281

Entity Name: QUIK LUBE AUTO, INC.

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

11360 S.E. FEDERAL HIGHWAY  
UNIT B  
HOBE SOUND, FL 33455

## New Principal Place of Business:

## Current Mailing Address:

812 SHORE DRIVE  
N. PALM BEACH, FL 33408

## New Mailing Address:

FEI Number: 65-0042698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CIOFFI, NICK  
812 SHORE DRIVE  
N. PALM BEACH, FL 33408 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CIOFFI, NICK F  
Address: 812 SHORE DRIVE  
City-St-Zip: N. PALM BEACH, FL 33408

Title: VP ( ) Delete  
Name: AMODIO, CASPER  
Address: 1000 ORANGE AVENUE  
City-St-Zip: WEST HAVEN, CT 06516

Title: ST ( ) Delete  
Name: CIOFFI, MARSHA  
Address: 812 SHORE DRIVE  
City-St-Zip: N. PALM BEACH, FL 33408

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA CIOFFI

ST

04/15/2009

Electronic Signature of Signing Officer or Director

Date