2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N06790



FILED Aug 07, 2007 8:00 am Secretary of State

1. Entity Nam	ne .	LUB, INC.					(08-07-2007 9	90028 04	/ *****61.2	25
1289 JACARANDA BOULEVARD 128				Mailing Address 1289 JACARANDA BOULEVARD VENICE, FL 34292-5422 US							
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc	Suite, Apt. #, etc.			07142007	Chg-NP	CR2E0	37 (12/06)	
City & State			City & State	City & State			4. FEI Number 23-7215			<u> </u>	oplied For ot Applicable
Zip	Zip Country		Zip	Zip Cou			5. Certificate o	f Status Desired		\$8.75 Add	
	6. Name	and Address of Current	Registered Agent				7. Name and A	Address of New	Registered	Agent	
KORP, WI	HAMR				Name						
333 S. TAI VENICE, F	MIAMI TR			Street Address			(P.O. Box Number is Not Acceptable)				
VENIOE, 1 E 34200									FL	Zip Cod	e
0 The share			46		<u> </u>		1 1 1			- 1	
	inamed entiti tions of regist	ty submits this statement fo tered agent.	r the purpose of changi	ng its register	ed office of re	registered	agent, or both	i, in the State of F	londa. Iam	tamiliar with,	and accept
SIGNATURE	Signature, typed	d or printed name of registered agent	and title if applicable.	(NOTE: Registere	ed Agent signature	re required wi	hen reinstating)		DATE		
D		pe is \$61.25 ptember 14, 2007		n Campaign F und Contribut		\$	55.00 May Be	· •		k payable to	
10.	ue by Sep		Trust F		tion.	AD AD	dded to Fees	· •	rida Depa	rtment of Si	tate
10.	p Sep	officers and Dif	Trust F	und Contribut	tion.	☐ AD AD AD	Added to Fees	Flo	rida Depa ERS AND DI	rtment of Si	tate
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indicated on this report or supplied with this information supplied with this information 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 617, 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: olimins	SIGNATURE AND TY	PED OR PRINTED NAME OF BIGNING OFFIC	FRORDIRECTOR	CHRISTENSEN Da	1-17.01	94/-44/-41	,,
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