


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90107 027 \*\*\*150.00

<b>DOCUMENT # P03000057671</b> 1. Entity Name <b>L. &amp; N. OIL, INC.</b>					
Principal Place of Business <b>4605 EAST 4TH AVENUE HIALEAH, FL 33013</b>		Mailing Address <b>4605 EAST 4TH AVENUE HIALEAH, FL 33013</b>			
2. Principal Place of Business <b>8782 NW 178 LN</b> Suite, Apt. #, etc.		3. Mailing Address <b>8782 NW 178 LN</b> Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>57-1167998</b>	
Zip <b>33018</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>GUTIERREZ, NORMA 4605 EAST 4TH AVENUE HIALEAH, FL 33013</b>			7. Name and Address of New Registered Agent Name <b>Norma Gutierrez</b> Street Address (P.O. Box Number is Not Acceptable) <b>8782 NW 178 LN</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33018</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTIERREZ, NORMA 4605 EAST 4TH AVENUE HIALEAH, FL 33013 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gutierrez, Norma 8782 NW 178 LN Miami, FL 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/18/06</b> Daytime Phone # <b>305-556-7901</b>		