

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P04000013702

1. Entity Name

QUICK OIL AND LUBE, INC.



Principal Place of Business

13710 SW 8TH STREET BAY A
MIAMI, FL 33184

Mailing Address

13710 SW 8TH STREET BAY A
MIAMI, FL 33184

03202008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

77-0631917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, DAVID ESQ.
1990 S.W. 27TH AVENUE
THIRD FLOOR
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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 renouncing)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVD
NAME CUETO, JOSE
STREET ADDRESS 13710 SW 8TH STREET BAY A
CITY - ST - ZIP MIAMI, FL 33184

TITLE STD
NAME PUENTE, JUAN C
STREET ADDRESS 13710 SW 8TH STREET BAY A
CITY - ST - ZIP MIAMI, FL 33184

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000082933
04/16/08-80053-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan C Puente
JUAN C Puente

4/2/08- 305-225-2959

Date

Daytime Phone #