

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000071472**

1. Entity Name  
**C AND M FUEL, INC.**



Principal Place of Business  
**8002 SW 20TH PLACE  
DAVIE, FL 33324**

Mailing Address  
**8002 SW 20TH PLACE  
DAVIE, FL 33324**



05122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>20-1071148</b>                        | Applied For<br><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**

**ORTIZ, CARLOS J  
8002 SW 20TH PLACE  
DAVIE, FL 33324**

**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

*Carlos J. Ortiz*, President

5/9/08

Signature typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

|                |                    |
|----------------|--------------------|
| TITLE          | P                  |
| NAME           | ORTIZ, CARLOS J    |
| STREET ADDRESS | 8002 SW 20TH PLACE |
| CITY-ST-ZIP    | DAVIE, FL 33324    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |

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06/04/08-80033-011 150.00

**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:**

*Carlos J. Ortiz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/08

Date

9546282393

Daytime Phone #