2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087552

FILED Jan 15, 2009 Secretary of State

Entity Name: LOU'S TOTAL CAR CARE, INC. **Current Principal Place of Business: New Principal Place of Business:** 5050 S.CLEVELAND AVENUE FORT MYERS, FL 33907 **Current Mailing Address: New Mailing Address:** 5050 S.CLEVELAND AVENUE FORT MYERS, FL 33907 FEI Number: 90-0170785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORELEZ, LOU CRAIG KING ACCOUNTING, P.A. 5050 S.CLÉVELAND AVENUE 10630 MCGREGOR BLVD. FORT MYERS, FL 33907 FORT MYERS, FL 33919 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: CRAIG KING, EA 01/15/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MORALEZ, LOU Name: Name: 5050 S.CLEVELAND AVENUE Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: Title: () Delete Title: **PVST** () Change (X) Addition Name: Name: ROJAS, MARCOS Address: Address: 1414 SE 1ST TERRACE CAPE CORAL, FL 33990 City-St-Zip: 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: LOU MORALEZ D 01/15/2009