


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 A
Secretary of State

EP DVN FOU!\$ P05000143067 2/ Entity Name D.M. LUBE TO GO INC	
---	---

Principal Place of Business 22379!OX!TIS!VSES NBN!Q!M44289	Mailing Address 22379!OX!TIS!VSES NBN!Q!M44289
--	--

EP OPU X SJF JO UI JT TQBDF

03122007 Op!Di h.Q DS3F145!J22016*

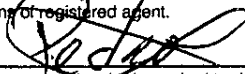
5/ FEI Number 54-2186934	Applied For Not Applicable
6/ Certificate of Status Desired <input type="checkbox"/>	9/86 Beejipobm G! IS! r vj! e

7/ Obn f lboelBee! t t lpg!Dv! ou!Sf hjt f f elBhf ou

DIAZ CASTRO, PEDRO S
 1245 W. 24TH STREET
 #122
 HIALEAH, FL 33010

EP OPU X SJF!
 JO UI JT TQBDF

9/ 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 obligation of registered agent.

SIGNATURE:  DATE: 3/13/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-nesting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

10/ Election Campaign Financing Trust Fund Contribution.

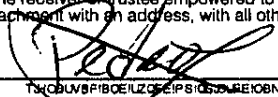
11/ Nbz!C! f
 Bee! elup!G! f t

U00000733245
 05/09/07-80078-019 150.00

21/ OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, PEDRO S 1245 W. 24TH ST. #122 HIALEAH, FL 33010
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

EP OPU X SJF!
 JO UI JT TQBDF

23/ 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.

T.J.HOBUSF;  DATE: 3/13/07 DAYTIME PHONE #

TJHOBUSF!B!E!L!Z!C!E!P!S!O!S!M!E!O!B!N!F!R!G!T!H!O!D!H!P!Q!G!D!F!S!P!B!E!S!F!D!U!P!S