2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

EPDVNFOU!\$ P05000143067 2/ Entity Name D.M. LUBE TO GO INC					3	ecreta	iry of St
Principal Plac 22379!OXIT NBVJGJ4		ailing Address 2379!OXITISWSES VBVJ!OM44289					
EP OPU X SJJF JO UI JT TOBD				03122007 Op!Di h.Q DS3F145l)22016*			
	P OPU A SOL 3	J P	5/ FEI Number Applied For 54-2186934 Not Applicable 99/86 Beel/upobm				
	7/ Obn f!boelBeesftt!pgDvssfouSfhjt		6/ Certificate	of Status Desired		Linia e	
	TRO, PEDRO S	EP OPU X SJJF!					
1245 W. 24 #122 HIALEAH,	4TH STREET FL 33010	JO UI JT TOBDF					
9/ The above named 500 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 hybrid or 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. (NOTE: Registered Agent signature required when rematating)							
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 :/ Election Campaign Finan				6/11 NbzłCri efelpiGrft	0000007 05/09/07-8	738245 80078-019	3 150.00
21/ TITLE	OFFICERS AND DIRE	CTORS					
NAME STREET ADDRESS CITY-ST-ZIP	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				EP	OPU X S	SUF!	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
23/ I hereby indicated of the corchanged	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowere or on an attaphose of with an address, with a	iling does not qualify for the ext and accurate and that my signa of to execute this report as requi Il other like empowered.	emptions containe ture shall have the red by Chapter 60	ed in Chapter 11 e same legal effe 07, Florida Statut	9, Florida Statutes, I fu ct as if made under oa es; and that my name a	irther certify tha th; that I am an appears in Bloc	t the information officer or director k 10 or Block 11 if

PSIGSDUFEIOBNFIPGT.HOLDHIPGGDFSIPSIELSFDUPS