2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000062108 1. Entity Name HD CHANGE OIL CORP									O7 MAY		- M 10: 32		
Principal Place of Business 11872 SW 16TH STREET PEMBROKE PINES, FL 33025			Mailing Address 11872 SW 16TH STREET PEMBROKE PINES, FL 33025				4(90 98 0 (18	ALL ACE	SSEE,	Mes new sore :	_ A	
2. Principal P	tr D∽	3. Mailing Address											
2401 W Preserve Way a Suite, Apt. *, etc. #203			Suite, Apt. #, etc.				04232	2007	Chg-P	CR2E	034 (12/06)		
Chy & State Miramar			City & State				4. FEII	Number 56	1-200-	798		oplied For	
Zip 3302	Country Dade		Zip Coun 33025		lry	5. Cert	tilicate	of Status Desired		\$8.75 Add Fee Require			
6. Name and Address of Current R				d Agent	7. Name and Address of New Registered Agent								
GARCIA, I 11872 SW PEMBROI	16TH STI				Street Address (P.O. Box Number is Not Acceptable) 2401 W Preserve Way #203 City Miramar FI Zip-Qodg or								
8. The above	named entity	y submits this statement for	the purpo	se of changing its	registere	, [11			h, in the State of Flo	FL rida, I am	- !	025	
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													
FILE NOW!! FEE IS \$450.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10.		OFFICERS AND	DIRECTOR	is	11.		ADDIT	IONS/	CHANGES TO OFFI	CERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11872 SV	DANIEL R 1 16TH STREET KE PINES, FL 33025	: 2 Et adoress M -st-zip	Bame 2401 V irama	w Pi	reserve W F1 33025	iay #	203 mange	☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								ame Change Addition 401 W Preserve Way #203 iramar, Fl 32025					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ma	15	☐ Detets							Change	☐ Addilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ρ	•	☐ Detete		ľ					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				•		-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		☐ Delete	CITY-	T ADORESS ST-ZIP					☐ Change	☐ Addition	
12. Thereby certify that the information supplies with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutas. 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 trusted 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 OF PRINTED NAME OF BICHRING OFFICER OR DIRECTOR DATE DATE OF DIRECTOR DATE OF DATE													

5/2/2007-90071-011-\$150.00-\$150.00