2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2012
Secretary of State

DOCUMENT# P09000033362

Entity Name: LUBRIN LOVING CARE INC

Current Principal Place of Business:

6564 SW 20TH CT
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

6564 SW 20TH CT
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: 26-4621104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOUISTON, SHERLLY
6564 SW 20TH CT
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: ______________________________

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: OWNE
Name: LOUISTON, SHERLLY
Address: 6564 SW 20TH CT
City-St-Zip: PLANTATION, FL 33317 US

Title: OWNE
Name: LOUISTON, SHERLLY
Address: 6564 S W 20TH COURT
City-St-Zip: PLANTATION, FL 33317 US

Title: OWNE
Name: LOUISTON, SHERLLY
Address: 6564 S W 20TH COURT
City-St-Zip: PLANTATION, FL 33317 US

Title: OWNE
Name: LOUISTON, SHERLLY
Address: 6564 S W 20TH COURT
City-St-Zip: PLANTATION, FL 33317 US

Title: OWNE
Name: LOUISTON, SHERLLY
Address: 6564 S W 20TH COURT
City-St-Zip: PLANTATION, FL 33317 US

Title: OWNE
Name: LOUISTON, SHERLLY
Address: 6564 S W 20TH COURT
City-St-Zip: PLANTATION, FL 33317 US

I hereby 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 all other like empowered.

SIGNATURE: SHERLLY LOUISTON OWN 02/12/2012

Electronic Signature of Signing Officer or Director Date