2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 17, 2006 08:00 AM DOCUMENT # P93000035643 **Secretary of State** 1. Entity Name A-1 MOBILE OIL CHANGING COMPANY, INC. Mailing Address Principal Place of Business 9504 SW 190 ST MIAMI FL 33157 US P.O. BOX 971517 MIAMI FL 33197-1517 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0419569 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEDOMINICIS, JOHN 9504 SW 190 STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33157 Zip Code 8. The above named entity submits this statement for the ourpose 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, typical or printed name of registered agent and life if applicable (NOTE: Registored Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May 8: 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete HILE ☐ Change ☐ Additi: NAME DEDOMINICIS, JOHN NAME STREET ADDRESS 9504 SW 190 ST STREET ADORESS U00000471539 CITY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP 150_00 HITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHLY-ST-ZIP □ Delote THE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP FITLE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1410 Delete Ditt Change ☐ Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

JOHN SESOMINICIS

SIGNATURE:

FILED