


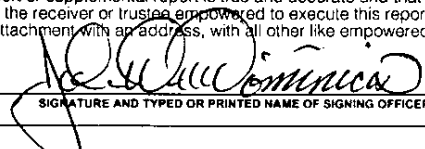
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90068 029 ***150.00

DOCUMENT # P93000035643 1. Entity Name A-1 MOBILE OIL CHANGING COMPANY, INC.																													
Principal Place of Business 9504 SW 190 ST MIAMI, FL 33157 US			Mailing Address P.O. BOX 971517 MIAMI, FL 33197-1517 US																										
2. Principal Place of Business - No P.O. Box # 9320 SW 183 TERR.		3. Mailing Address Suite, Apt. #, etc.																											
City & State MIAMI FL		City & State		4. FEI Number 65-0419569																									
Zip 33157		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent DEDOMINICIS, JOHN 9504 SW 190 STREET 9320 SW 183 TERR. MIAMI, FL 33157				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
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12. 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.

SIGNATURE:  **4/13/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40062246



03122007 Chg-P CR2E034 (12/06)