2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2004 8:00 am Secretary of State

03-10-2004 90019 034 ***150.00

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1. Entity Name	MENT # P00000097				03-10-200	04 90019 034 ***150.00	Э
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·				
,	MO AVE., #125	1500 SAN REMO AVE., a MIAMI, FL 33146	¥125			54016	76
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Principal Place of Business 3. Mailing Address						l	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01212004	Chg-P	CR2E034 (10/03)	
City & State	8	City & State		4. FEI Number 65-1048		Applied Fo	
Zip	Country	Zip	Country	5. Certificate o	f Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		-7. Name and A	Address of New F	tegistered Agent	
	EGIOTEDED AGENTO INC		Name	•		•	
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., #125 MIAMI, FL 33146		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	
	named entity submits this statement f	or the purpose of changing its	egistered office or regis	tered agent, or both	ı, in the State of Fl	orida. I am familiar with, and acc	cept
the obligat	ions of registered agent,			S 10 30 00 00	41 A	والمرابع المرابع	
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable (NOTE	Registered Agent signature requi	ired when reinstation)		TOTAL AND CONTRACTOR	
30,	H. sell a strange		16,0101U 1				<u>f</u>
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campaig Trust Fund Contr		5.00 May Be dded to Fees			A Section
10.	OFFICERS AND	DIRECTORS (1999)	11.	ADDITIONS/C	CHANGES TO OFF	FICERS AND DIRECTORS IN 11"	
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STREET ADDRESS	CHAOUL, FRED A 1500 SAN REMO AVE., #125		NAME STREET ADDRESS 1			•	
CITY-ST-ZIP	MIAMI, FL. 33146		CITY-ST-ZIP				
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NAME			NAME				
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IIILE	January Otto Lote 10	Delete	_ 2.TITLE	- Mc decayments was			ddition
STREET ADDRESS,	NOT TO STATE OF THE PORT OF	The Fuel Co.	NAME STREET ADDRESS	पुर, सन्दर्भ द्वारण राजनातुः स्टब्स्टर		•	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(i), 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 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 addjess with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-665-33 11 Daytime Phone #

Date