

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P01000083462</b>		
1. Entity Name <b>SHAHARA PETROLEUM, INC.</b>		
Principal Place of Business 8490 NW 44 STREET SUNRISE, FL 33351		Mailing Address 8490 NW 44 STREET SUNRISE, FL 33351
2. Principal Place of Business		3. Mailing Address
Subs. Apt. #, etc.		Subs. Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number <b>65-1133275</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>RAHMAN, MOHAMMED M 8490 NW 44 STREET SUNRISE, FL 33351</b>		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 _____ DATE _____		
TITLE NOW WITH USER IS CANCELED AFTER MAY 15, 2003. PLEASE CONTACT THE STATE SECRETARY FOR FURTHER INFORMATION.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABDULFATTAH, SHEIKFARID M</b>	NAME
STREET ADDRESS	<b>103 BELMONT DR</b>	STREET ADDRESS
CITY-ST-ZIP	<b>NORTH LAUDERDALE, FL 33068</b>	CITY-ST-ZIP
TITLE	V <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SURAIYA, MUSTAFA</b>	NAME
STREET ADDRESS	<b>114 COLLYWAY</b>	STREET ADDRESS
CITY-ST-ZIP	<b>NORTH LAUDERDALE, FL 33068</b>	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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: <u>Suraiya Mustafa</u>		<b>SURAIYA MUSTAFA 4-20-03 954-572-6141</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date

11016654



CHECK HERE IF MAKING CHANGES

CRE034 (10/02)