

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90015 039 ***150.00

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1. Entity Name
AZIZ PETROLEUM, INC.

Principal Place of Business Mailing Address
770 N KROM AVE 770 N KROM AVE
HOMESTEAD FL 33030 HOMESTEAD FL 33030

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **41-2048729** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

~~KHAN, MOHAMMED D
 18338 FRESH LAKE WAY
 BOCA RATON FL 33498~~

7. Name and Address of New Registered Agent

Name **ABDULLAH HASSAN**
 Street Address (P.O. Box Number is Not Acceptable)
BIO E. HOWRY DR# 521
 City **HOMESTEAD FL** Zip Code **33030**

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 *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LUTFAR, BHUIYAN R	
STREET ADDRESS	151 SE 8 ST #213	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KHAN, MOHAMMED D	
STREET ADDRESS	10245 LA REINA RD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	HASSAN, ABDULLAH AL	
STREET ADDRESS	8-10 E. MOLORY DR., #521	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	KHAN, JHARNA	
STREET ADDRESS	10245 LA REINA RD.	
CITY-ST-ZIP	DELRAY BEACH FL 33442	
TITLE	A	<input checked="" type="checkbox"/> Delete
NAME	SHEIKH, MATIN	
STREET ADDRESS	151 SE 8 CT., #23	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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(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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/03 954-520-0822