

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000046028

FILED
Feb 01, 2009
Secretary of State

Entity Name: FUEL ZONE, INC.

Current Principal Place of Business:

6125 NW 53RD CIRCLE
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

6125 NW 53RD CIRCLE
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 33-1214654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOKZAM, SAMAR
6125 NW 53RD CIRCLE
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOKZAM, SAMAR
Address: 6125 NW 53RD CIRCLE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOKZAM, CHUCK
Address: 6125 NW 53RD CIRCLE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP () Change (X) Addition
Name: BOKZAM, SAMAR
Address: 6125 NW 53RD CIRCLE
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMAR BOKZAM

VP

02/01/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date