

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # P03000065127**

1. Entity Name  
**1600 FUELS INC.**



**FILED**

05 MAY 26 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>1600 E OAKLAND PARK BLVD OAKLAND PARK, FL 33156</b>	Mailing Address <b>1655 PALM BEACH LAKES BLVD SUITE 208 WEST PALM BEACH, FL 33401</b>
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2. Principal Place of Business	3. Mailing Address <b>12305 S. DIXIE HWY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04212005 Chg-P CR2E034 (10/03)

City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>	4. FEI Number <b>65-1194418</b>
Zip <b>33156</b>	Country	Country

5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SAGAR, ALAN**  
**1655 PALM BEACH LAKES BLVD**  
**SUITE 208**  
**WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name **LENARD GORMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1320 S. DIXIE HWY, PH 1295**  
City **CORAL GABLES** **FL** Zip Code **33146**

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 **4/26/05**

(NOTE: Registered Agent signature required when reconstituting)

**Amended AR is \$61.25**

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

10. OFFICERS AND DIRECTORS																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%; text-align: center;"><b>P</b></td> <td style="width: 80%;"> <b>SAGAR, ALAN</b>  <b>1655 PALM BEACH LAKES BLVD #208</b>  <b>WEST PALM BEACH, FL 33401</b> </td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td style="text-align: center;"><b>V</b></td> <td> <b>HASAN, ROKIBUL</b>  <b>1655 PALM BEACH LAKES BLVD #208</b>  <b>WEST PALM BEACH, FL 33401</b> </td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td style="text-align: center;"><b>VP</b></td> <td> <b>Fontecilla, Carlos</b>  <b>12305 S DIXIE HIGHWAY</b>  <b>MIAMI, FL 33156</b> </td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="text-align: center;"><b>VP</b></td> <td> <b>BEGELMAN, CAROL</b>  <b>12305 S DIXIE HIGHWAY</b>  <b>MIAMI, FL 33156</b> </td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td></td> <td></td> </tr> </table>	<b>P</b>	<b>SAGAR, ALAN</b> <b>1655 PALM BEACH LAKES BLVD #208</b> <b>WEST PALM BEACH, FL 33401</b>	<input checked="" type="checkbox"/> Delete	<b>V</b>	<b>HASAN, ROKIBUL</b> <b>1655 PALM BEACH LAKES BLVD #208</b> <b>WEST PALM BEACH, FL 33401</b>	<input checked="" type="checkbox"/> Delete	<b>VP</b>	<b>Fontecilla, Carlos</b> <b>12305 S DIXIE HIGHWAY</b> <b>MIAMI, FL 33156</b>	<input type="checkbox"/> Delete	<b>VP</b>	<b>BEGELMAN, CAROL</b> <b>12305 S DIXIE HIGHWAY</b> <b>MIAMI, FL 33156</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 90%; text-align: center;"> <b>000055973560</b>  <b>06/09/05--01038--025 **\$61.25</b> </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="text-align: center;"> <b>PRESIDENT</b> </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> </table>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>000055973560</b> <b>06/09/05--01038--025 **\$61.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:

DATE: **4/26/05** DAYTIME PHONE #

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