2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 25, 2005 8:00 am
Secretary of State

01-26-2005 90061 014 ****50.00

DOCUMENT # L04000056981

1. Entity Name

BACHAZA FUELS, LLC

1st MOORE CR2E083 (10/04)

Principal Place of Business	Mailing Address
3543 ESTEPONA AVE. MIAMI FL 33178-2953	3543 ESTEPONA AVE. MIAMI FL 33178-2953
2. Principal Place of Business: 3543 ESTEPONA AVE.	3. Mailing Address: 3543 ESTEPONA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DORAL, FL.	City & State: DORAL, FL
Zip: 33178-2953 Country: U.S.A.	Zip: 33178-2953 Country: U.S.A.

4. FEI Number: APPLIED FOR — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIRRITO, SALVATORE S
3543 ESTEPONA AVE.
MIAMI FL 33178-2953

7. Name and Address of New Registered Agent

Name: SALVATORE G. FIRRITO

Street Address (P.O. Box Number is Not Acceptable): 3543 ESTEPONA AVE

City: DORAL FL Zip Code: 33178-2953

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: SALVATORE G. FIRRITO, PRES. DATE: 1-20-2005

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRINCIPAL SALVATORE G. FIRRITO 3543 ESTEPONA AV, DORAL, FL. 33178-2953 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SALVATORE G. FIRRITO PRES. 1/20/05 305-591-1860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #