

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000056981 1. Entity Name BACHAZA FUELS, LLC	
---	---

Principal Place of Business 3543 ESTEPONA AVENUE DORAL FL 33178-2953	Mailing Address 3543 ESTEPONA AVENUE DORAL FL 33178-2953
--	--



2. Principal Place of Business - No P.O. Box # 3543 ESTEPONA AVE.	3. Mailing Address 3543 ESTEPONA AVE.
Suite, Apt. #, etc. DORAL, FL.	Suite, Apt. #, etc. DORAL, FL.

1st MOORE CR2E083 (10/07)

City & State 33178-2953	City & State 33178-2953
Zip USA	Zip USA

4. FEI Number 59-3800993	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FIRrito, SALVATORE G 3543 ESTEPONA AVE. DORAL FL 33178-2953	
---	--

7. Name and Address of New Registered Agent	
Name N/A	
Street Address (P.O. Box Number is Not Acceptable)	
City FL	Zip Code

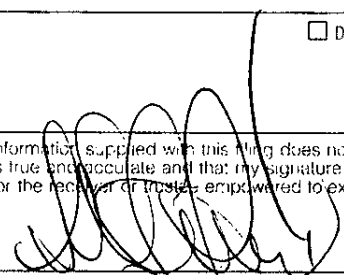
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required when registering) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State	U00000911207 05/07/08-80031-005 138.75
--	---

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME FIRrito, SALVATORE G		NAME	
STREET ADDRESS 3543 ESTEPONA AVENUE		STREET ADDRESS	
CITY-ST-ZIP DORAL FL 33178-2953		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **4/15/2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE