


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000007539</b>	
1. Entity Name AMOCO 54, INC.	

Principal Place of Business 621 MONTE CRISTO BLVD TIERRA VERDE, FL 33715	Mailing Address 621 MONTE CRISTO BLVD TIERRA VERDE, FL 33715
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04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3690823	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  ZAKI, ASHRAF 621 MONTE CRISTO BLVD TIERRA VERDE, FL 33715
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**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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	P ZAKI, ASHRAF 621 MONTE CRISTO BLVD TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SABA, WALID 621 MONTE CRISTO BLVD TIERRA VERDE, FL 33715
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U00000350804  
05/02/05-80118-025 150.00

**DO NOT WRITE  
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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:** WALID SABA 4-25-05 913-888-6507  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #