AMENDED

2003 FOR PROFIT CORPORATION

U	NIFO	<u>rm Busin</u>	ESS REPORT	(UB	<u> </u>								
1. Entity Nar	ne	#P0100002				FILED							
MEDLEY	FUELS, I	NC.					03 DEC -9 PM 12: 13						
Principal Place 10200 NW 1 MEDLEY, FL		3	Mailing Address 10200 NW 116TH WAY MEDLEY, FL 33178	10200 NW 116TH WAY			SECRETARY OF STATE TALLAHASSEE, FLORIDA						
2. Principal F	Place of Busin	ess	3. Mailing Address	3. Mailing Address									
Sulte, Apt	. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & Sta	te		City & State				4. FE	Number 65-10907	68	······································	<u> </u>	oplied For of Applicable	2
Zip Country			Zip	Coun	try		5. Certificate of Status Desired			Fe	8.75 Ad e Require		
	6. Name	and Address of Curn	ent Registered Agent		News			me and Address of N	ew Regis	tered Ag	ent		4
GORMAN.	LEONARD I	Н			Nam e	PEDF	RO S	SANCHEZ					
1320 SOUT STE, 1275	H DIXIE HK	SHWAY					Street Address (P.O. Box Number is Not Acceptable) 10200 NW 116 Way						7
							City MEDLEY			FL 33778			
	y submits this statemen ered agent.	<u> </u>			nt, or both, in the State	of Florida.	. Iam fan						
SIGNATURE	Signature, typed	Or printed name of registered as	pant and (ille if applicable, (NOTE	Regisera	i Agentaignatu	e required t	when mins	ELE(ing)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR Is \$61.25 Make Check Payable to Florida Department of State						9. Election Campaign Fi Yrust Fund Contribute							
10.	el/haracrate/et/histolynesise	OFFICERS A	ND DIRECTORS	11,			ADDI	ITIONS/CHANGES TO	OFFICER	S AND D	RECTOR	S IN 11	1
TITLE	PTD		₩ Delete	1016		PΙ) · S				Change	Addition	7 5
NAME	1	LA, CARLOS		NAM	:	SAN	ICHE	EZ, PEDRO					Įè
STREET ADDRESS		116TH WAY		STHE			002	00 NW 116 Way 1ey, FL 33178					15
CITY-ST-ZIP	MEDLEY,	FL 33178		слу-	-ST-ZIP	Med	iley	7, FL 3317	8				CR2F034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-2P	1	LA, ISABEL 116TH WAY FL 33178	🖾 Delete	n			ŀ	2/03/03—0 16	123=-1] Change ** [S]	☐ Addition)
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NAME STREET ADDRESS CITY-ST-2P	FONTECIL 12305 S DI MIAMI, FL			â	ET ADDRESS -S1-21P		12	100025 209703—0107	3A			-	
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TITLE	 -		☐ Delete	TITLE						—	Change	☐ Addition	1
NAME STREET ADDRESS CITY-ST-2IP			_ some	NAME STHEE]					_] Orange		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	8	i i	—	-] Change	☐ Addition	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI). 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 507, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							Date Cayline Phone #						
	- /							- Aller					