

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 91086 001 \*\*\*450.00

DOCUMENT # P01000070478

1. Entity Name  
FINISHLINE PETROLEUM, INC.



Principal Place of Business  
10900 WEST FLAGLER STREET  
MIAMI, FL 33174

Mailing Address  
10900 WEST FLAGLER STREET  
MIAMI, FL 33174

**66420814**



04252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1121781

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CUEVAS, ANTHONY  
10900 WEST FLAGLER ST  
MIAMI, FL 33174

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	CUEVAS, ANTHONY
STREET ADDRESS	10900 WEST FLAGLER STREET
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	VICE PRESIDENT
NAME	JOSE L CUEVAS JR
STREET ADDRESS	10900 W FLAGLER ST (ADD)
CITY-ST-ZIP	MIAMI FLA 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ANTHONY CUEVAS

X 4/28/04

Date

X 305 226 0031

Daytime Phone #