

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000012843

1. Entity Name
WEST DIXIE OIL, INC.



Principal Place of Business 18615 W. DIXIE HIGHWAY N. MIAMI, FL 33161	Mailing Address 18615 W. DIXIE HIGHWAY N. MIAMI, FL 33161
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DO NOT WRITE IN THIS SPACE



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3598400	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOOD, SANJAY
3556 S.W. 173 WAY
MIRAMAR, FL 33029

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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 signature required when reinstating)

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	DPS SOOD, SANJAY 3556 S.W. 173 WAY MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT RIVERA, SAMUEL 3545 S.W. 173 WAY MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000288054
 04/04/05-80089-020 150.00

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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)(f), 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 fee empowered

SIGNATURE: *[Signature]* **President** 3/9/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #