## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 01, 2004 8:00 am Secretary of State

DOCUMENT # P02000012850  1. Entity Name MIAM! LAKES OIL, INC.						04-01-2004	90012 028 ***	*150.00	
Principal Place of Business 7301 MIAMI LAKES DRIVE MIAMI LAKES, FL 33314		Mailing Address 7301 MIAMI LAKES DRIVE MIAMI LAKES, FL 33314			44023373				
2. Principal Place of Business 3. Mailing Address 5040 micmi LAKes W W 8040 micmi ( Suite, Apt. #, etc.			akos NR.	W	02202004	Chg-P	CR2E034 (10/		
City & Stat	LAKES, FL	City & State MIDMI LAKE	s EL		4. FEI Numb			Applied For Not Applicable	
333 l	4 DADE	<sup>Zip</sup> 33314	Country	(1)	5. Certificate	of Status Desired	□ \$8.75 Fee Rec	Additional	
	6. Name and Address of Current I	Registered Agent	Name		7. Name and	Address of New R	egistered Agent		
UDDIN, MOHAMMED J 12874 BISCAYNE BLVD. N. MIAMI, FL 33181				Street Address (P.O. Box Number is Not Acceptable)  15720 BULL RUN ROAD # 478-H					
			CILY	T-01	n	KES '		Code 0 1 (1	
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.   arm 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									
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		<b>\$5.</b> Adde	00 May Be ed to Fees				
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS,	CHANGES TO OFFI	CERS AND DIREC	TORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PD SOOD, SANJAY 3556 S.W. 173 WAY MIRAMAR, FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chai	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD UDDIN, MOHAMMED J 12874 BISCAYNE BLVD. N. MIAMI, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4V 100 151	DEN T	NOHAMM UII RUN R AKES E	ED J Chai	78- H-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	77.	iAm) L	4 KC 3 F	<u>C</u> 334		
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12. I hereby of indicated of the corrections	sertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo-	this filing does not qualify for the true and accurate and that my s wered to execute this report as	e exemption stat signature shall h required by Cha	ed in Sec ave the s pter 607,	tion 119.07(3)( ame legal effect Florida Statute	i), Florida Statutes. I it as if made under o is; and that my name	further certify that t ath; that I am an off appears in Block 1	he information icer or director I0 or Block 11 if	