2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000040075

1. Entity Name
ALCI PETROL CORPORATION

Principal Place of Business	Mailing Address
530 SOUTH ATLANTIC AVENUE ATTN: ALCI CEMAL ORMOND BEACH, FL 32176	530 SOUTH ATLANTIC AVENUE ATTN: ALCI CEMAL ORMOND BEACH, FL 32176

DO NOT WRITE IN THIS SPACE

01162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
03-0428316	Not Applicable

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

6. Name and Address of Current Registered Agent

CEMAL ALCI
530 S. ATLANTIC AVE.
ORMOND BEACH, FL 32176

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_____ DATE
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.	OFFICERS AND DIRECTORS	

TITLE	PST
NAME	ALCI, CEMAL
STREET ADDRESS	530 SOUTH ATLANTIC AVENUE
CITY-ST-ZIP	ORMOND BEACH, FL 32176

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   01-25-07.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #