

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2008 08:00 AM  
Secretary of State

DOCUMENT # P02000040075

1. Entity Name  
ALCI PETROL CORPORATION



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

Mailing Address  
530 SOUTH ATLANTIC AVENUE  
ATTN: ALCI CEMAL  
ORMOND BEACH, FL 32176



04242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0428316	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

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	PST ALCI, CEMAL 530 SOUTH ATLANTIC AVENUE ORMOND BEACH, FL 32176
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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 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: *Cemal ALCI* *CEMAL ALCI* 04/27/08 386 651510.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #