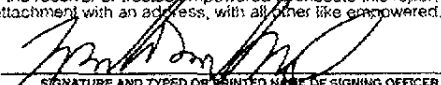


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

P02000052534			
BROTHERS PETROLEUM INC.			
21712 CARTAGENA DR. BOCA RATON, FL 33428		21712 CARTAGENA DR. BOCA RATON, FL 33428	
			
		01192004 Chg-P CR2E034 (10/03)	
		04-3655527	
		☐ \$8.75 Additional Fee Required	
MAHMOOD, WAHID 21712 CARTAGENA DR. BOCA RATON, FL 33428		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
B. 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 filing this report)			
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	
		U00000034521 02/05/04-80087-007 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	D ☐ Delete	TITLE	Change ☐ Addition ☐
NAME	MAHMOOD, WAHID	NAME	
STREET ADDRESS	21712 CARTAGENA DR.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	Change ☐ Addition ☐
NAME	ZAMAN, AKTAR	NAME	
STREET ADDRESS	21712 CARTAGENA DR.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Change ☐ Addition ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Change ☐ Addition ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Change ☐ Addition ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Change ☐ Addition ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 		1-31-04 561 756 3274	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Mo/Yr	