


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 27, 2005 08:00 AM**  
**Secretary of State**

|   |                                   |   |  |   |  |
|---|-----------------------------------|---|--|---|--|
| <b>DOCUMENT # P02000101104</b><br>1. Entity Name<br><b>COOKING OIL DIRECT, INC.</b>   |                                   |   |  |                |  |
| Principal Place of Business<br><b>943 PEPPER RIDGE TERRACE<br/>BOCA RATON, FL 33486 US</b>  |                                   |   | Mailing Address<br><b>P.O. BOX 771210<br/>POMPAÑO BEACH, FL 33077 US</b> |   |  |
| 2. Principal Place of Business  |                                   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |                                   | Suite, Apt. #, etc.   |  |   |  |
| City & State  |                                   | City & State  |  |   |  |
| Zip   | Country                           | Zip   | Country  |   |  |
| 6. Name and Address of Current Registered Agent   |                                   |   | 7. Name and Address of New Registered Agent                              |   |  |
| STREICHER, STAN<br>943 PEPPER RIDGE TERRACE<br>BOCA RATON, FL 33486   |                                   |   | Name   |   |  |
|   |                                   |   | Street Address (P.O. Box Number is Not Acceptable)                       |   |  |
|   |                                   |   | City   |   |  |
|   |                                   |   | FL Zip Code  |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |                                   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>   |                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |  | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |  |
| 10. OFFICERS AND DIRECTORS  |                                   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |   |  |
| TITLE   | D <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | STREICHER, STAN                   |   | NAME   |   |  |
| STREET ADDRESS  | 943 PEPPER RIDGE TERRACE          |   | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   | BOCA RATON, FL 33486              |   | CITY - ST - ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete   |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                   |   | NAME   |   |  |
| STREET ADDRESS  |                                   |   | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   |                                   |   | CITY - ST - ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete   |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                   |   | NAME   |   |  |
| STREET ADDRESS  |                                   |   | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   |                                   |   | CITY - ST - ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete   |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                   |   | NAME   |   |  |
| STREET ADDRESS  |                                   |   | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   |                                   |   | CITY - ST - ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete   |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> 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)(i), 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: _____  |                                   |   | 6/20/05  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                   |   | Date Daytime Phone #   |   |  |