

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000101104

1. Entity Name
COOKING OIL DIRECT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 19 PM 1:53

Principal Place of Business
943 PEPPER RIDGE TERRACE
BOCA RATON, FL 33486 US

Mailing Address
P.O. BOX 771210
POMPANO BEACH, FL 33077 US



10122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
2720 NW 55 Court
Suite, Apt. #, etc.

3. Mailing Address
2720 NW 55 Court
Suite, Apt. #, etc.

City & State
Ft Lauderdale FL

City & State
Ft Lauderdale FL

Zip
33309

Country
Broward

Zip
33309

Country
Broward

4. FEI Number
33-1029472

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STREICHER, STAN
943 PEPPER RIDGE TERRACE
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent
Name
Streicher, Stanley
Street Address (P.O. Box Number is Not Acceptable)
2720 NW 55 Court
City
Fort Lauderdale FL Zip Code
33309

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 Stanley Streicher * 10/02/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STREICHER, STAN 943 PEPPER RIDGE TERRACE BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Jose L Juszcak 4701 NW 15 Terrace Coral Springs, FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Stanley Streicher 10/02/05 9546837100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #