

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b>	P03000035692
<b>1. Entity Name</b>	
Dolphin Gas & Convenience Inc	

U000000438974  
03/01/06-80027-012 150.00

<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
322 East Main Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Apopka, FL			
Zip	Country	Zip	Country
32703			

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>		<b>4. FEI Number</b>		<b>Applied For</b>
		56-2335983		<b>Not Applicable</b>
		<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required
		<b>7. Name and Address of Current Registered Agent</b>		
		Name		
		MOHAMMAD, MIRZA		
		Street Address (P.O. Box Number is Not Acceptable)		
		322 EAST MAIN ST		
		City	FL	Zip Code
		APOPKA		32703

**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**

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
TITLE	MOHAMMAD, MIRZA	TITLE	
NAME		NAME	
STREET ADDRESS	322 EAST MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*M. Shari Almag*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-16-06

Date

407-886-4630

Daytime Phone #