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May 06, 2004 8:00 am
Secretary of State

04-19-2004 90299 024 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P03000110960

1. Entity Name
FUEL FLEET, INC.

66419564

04132004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1411 NW 69TH AVE HOLLYWOOD, FL 33024	1411 NW 69TH AVE HOLLYWOOD, FL 33024
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 200286680 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~OROZCO, MAYTTE V.~~
~~1411 NW 69TH AVE~~
~~HOLLYWOOD, FL 33024~~

7. Name and Address of New Registered Agent

Name ALEX A. OROZCO
Street Address (P.O. Box Number is Not Acceptable) 1411 NW 69 AVE
City HOLLYWOOD FL Zip Code 33024

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 ALEX A OROZCO REGISTERED AGENT 04/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

~~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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~OROZCO, MAYTTE~~ ~~1411 NW 69TH AVE~~ ~~HOLLYWOOD, FL 33024~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALEX A. OROZCO 1411 NW 69TH AVE. HOLLYWOOD FL. 33024 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MAYTTE V. OROZCO 1411 NW 69TH AVE. HOLLYWOOD FL 33024 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: ALEX A. OROZCO PRESIDENT 04/13/04 (754-224-9320)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #