

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143850

Entity Name: LTDAS PETROLEUM INC

FILED  
Apr 22, 2006  
Secretary of State

**Current Principal Place of Business:**

1798 NW 183RD STREET  
MIAMI, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

1876 N. UNIVERSITY DR # 308G  
SUNRISE, FL 33322

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUSSAIN, TARIQ  
1876 N UNIVERSITY DR  
308G  
SUNRISE, FL 33322 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HUSSAIN, TARIQ  
Address: 1876 N UNIVERSITY DR #308G  
City-St-Zip: SUNRISE, FL 33322

Title: D ( ) Delete  
Name: HUSSEIN, SAJID  
Address: 1876 N. UNIVERSITY DR #308G  
City-St-Zip: SUNRISE, FL 33322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TARIQ HUSSAIN

P

04/22/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date