

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 21, 2004 8:00 am
Secretary of State

06-11-2004 90001 011 ***158.75

DOCUMENT # P03000143922 1. Entity Name VENZOIL SUPPLY CORP.			
Principal Place of Business 14101 SW 149 AVE MIAMI, FL 33196		Mailing Address 14101 SW 149 AVE MIAMI, FL 33196	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 2121 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 240 City & State CORAL GABLES, FL. Zip Country 33134	
4. FEI Number 56-2420152		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRATS, GABRIEL 2121 PONCE DE LEON BLVD STE 240 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent 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's signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPST PIAIA, BERNARD 2121 PONCE DE LEON BLVD STE 240 CORAL GABLES, FL 33134 <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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	

66428667



Attachment

66428667
#PO3000143922

Venzoil Supply, Corp.
2121 Ponce de Leon Blvd. Suite 240
Coral Gables, FL 33134

May 25, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

Our Accountants have checked the records at the Division of Corporations and found that the 2004 Uniform Business Report (U.B.R) for our company has not been filed.

According to our records we didn't received the 2004 U.B.R form. Enclosed is a completed 2004 U.B.R. and a check for \$158.75. We hereby request an abatement of the filling late penalties.

If you have any questions, please call our accountants Prats Fernandez & Co. at Tel: (305) 444-8333.

Sincerely,


Venzoil Supply, Corp.