


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90033 035 ***150.00

DOCUMENT # P04000067442

1. Entity Name
 N & A PETROLEUM, INC.



Principal Place of Business
 1000 W. BLUE HERON BLVD
 RIVIERA BEACH, FL 33404

Mailing Address
 1000 W. BLUE HERON BLVD
 RIVIERA BEACH, FL 33404

50000540



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02272008 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
 20-1051763

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

SHEILAH, NURUDDIN
 4100 ILEX CT
 PALM BEACH GARDENS, FL 33410

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KHAN, ABU A	
STREET ADDRESS	9009 PROSPERITY FARMS ROAD	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33403	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEIKH, NURUDDIN	
STREET ADDRESS	9009 PROSPERITY FARMS ROAD	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33403	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAQUE, MOHAMMED N	
STREET ADDRESS	1012 INDIANTRACE CIRCLE #208	
CITY-ST-ZIP	RIVIERA BEACH, FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	AKHTER, NAZMA	
STREET ADDRESS	400 ILEX CT	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mosharraf Hossain	
STREET ADDRESS	4100 Ilex ct	
CITY-ST-ZIP	Palm Beach Gardens FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mosharraf Hossain (SECRETARY) 03/18/07 561-841-1895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #