


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 08, 2005 8:00 am
Secretary of State

02-23-2005 90064 035 ***150.00

DOCUMENT # P04000131220 1. Entity Name ALL FLORIDA OIL COMPANY INC					
Principal Place of Business 1614 BROKEN BRANCH DR. WESLEY CHAPLE, FL 33543			Mailing Address 1614 BROKEN BRANCH DR. WESLEY CHAPLE, FL 33543		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02092005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-1635502				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent				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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agents signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IBRAHIM, SHERIF		NAME		
STREET ADDRESS	1614 BROKEN BRANCH DR.		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPLE, FL 33543		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IBRAHIM, HEATHER		NAME		
STREET ADDRESS	1614 BROKEN BRANCH DR.		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPLE, FL 33543		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEHATA, MEDHAT		NAME		
STREET ADDRESS	1614 BROKEN BRANCH DR.		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPLE, FL 33543		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Sherif Ibrahim</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 2/14/05 <small>Daytime Phone #</small>		