

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**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



02072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1635502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fes Required

6. Name and Address of Current Registered Agent

TAXPROS ACCOUNTING SERVICES, INC  
7901 4TH STREET NORTH  
101  
ST PETERSBURG, FL 33702

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000429712  
02/22/06-80019-017 150.00

10. OFFICERS AND DIRECTORS

TITLE

P

NAME

IBRAHIM, SHERIF

STREET ADDRESS

1614 BROKEN BRANCH DR.

CITY-ST-ZIP

WESLEY CHAPLE, FL 33543

TITLE

VP

NAME

IBRAHIM, HEATHER

STREET ADDRESS

1614 BROKEN BRANCH DR.

CITY-ST-ZIP

WESLEY CHAPLE, FL 33543

TITLE

VP

NAME

SHEHATA, MEDHAT

STREET ADDRESS

1614 BROKEN BRANCH DR.

CITY-ST-ZIP

WESLEY CHAPLE, FL 33543

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Heather Ibrahim*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/06  
Date

Daytime Phone #