



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000020990 1. Entity Name A & M 44 SUNOCO INC.	
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Principal Place of Business 3801 NW 12TH AVENUE MIAMI, FL 33127	Mailing Address 3801 NW 12TH AVENUE MIAMI, FL 33127
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DO NOT WRITE IN THIS SPACE



08182008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2222559	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FARRAJ, MUHANNED
3801 NW 12TH AVENUE
MIAMI, FL 33127**

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 _____ (NOTE: Registered Agent signature required when reinstating)

U000000958811
03/03/08-80003-007 158.75
DATE

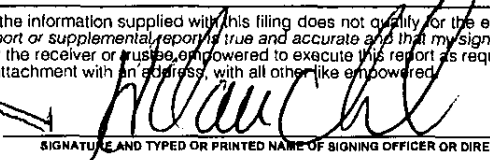
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE P	FARRAJ, MUHANNED
NAME	3801 NW 12TH AVENUE
STREET ADDRESS	MIAMI, FL 33127
CITY-ST-ZIP	
TITLE VP	KHALIL, RAED
NAME	3801 NW 12TH AVENUE
STREET ADDRESS	MIAMI, FL 33127
CITY-ST-ZIP	
TITLE S	CHIBI, HICHAM
NAME	3801 NW 12TH AVENUE
STREET ADDRESS	MIAMI, FL 33127
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 reports 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

8/14/2008
Date Daytime Phone #