

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/1

FILED
Jun 18, 2007 8:00 am
Secretary of State

05-15-2007 90020 001 *1,050.00

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1. Entity Name
BRYAN PETROLEUM CORPORATION 103



Principal Place of Business
**570 NW 79TH STREET
MIAMI, FL 33150**

Mailing Address
**570 NW 79TH STREET
MIAMI, FL 33150**

66019323



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2322540

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SIDDIQUE, MOHAMMAD
570 NW 79TH STREET
MIAMI, FL 33150**

**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 resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SIDDIQUE, MOHAMMAD
STREET ADDRESS	570 NW 79TH STREET
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	V
NAME	SIDDIQUE, ELVA
STREET ADDRESS	570 NW 79TH STREET
CITY-ST-ZIP	MIAMI, FL 33150
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 life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/07

Date

Daytime Phone # _____