2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

DOCUMENT # P05000094680 1. Entity Name ZEPOL FUELING, INC.						01-17-2006 90276 050 ***150.00			
Principal Place of Business Mailing Address						40002701			
6967 W 4TH CT 6967 W 4TH CT HIALEAH, FL 33014						4000	7.7		
111111111111111111111111111111111111111	33011	111111111111111111111111111111111111111				AGIGI BINIT AGIN GONI BAN	41 65118 1218 81813 Brist 18111 81	18188L 11 1881	
2. Principal P	3. Mailing Address		,						
						III AUCIU 1814 SIULU SILLI TULII UT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112006	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Numbe		A	pplied For		
Zip	Country	Zip	Coun	itry	5. Certificate	of Status Desired	□ \$8.75 Ad	ditional	
	6. Name and Address of Curre	nt Registered Acent		T	1	Address of New R	Fee Require	ed	
				Name	7. Name and	Addiess of Man P	registered Agent		
LOPEZ, ARMAÑDO F 6967 W 4TH CT				Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH, FL 33014									
44,									
				City			FL Zip Coo		
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing its	register	ed office or reg	gistered agent, or bot	h, in the State of Flo	orida. I am familiar with	, and accept	
SIGNATURE & Start									
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, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.					\$5.00 May Be Added to Fees				
10.		ID DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	IS IN 11	
10.	PS	ID DIRECTORS Delete	TITL	E	ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTOR	tS IN 11	
TITLE NAME STREET ADDRESS	PS LOPEZ, ARMANDO F 6967 W 4TH CT		TITL	E	ADDITIONS/	CHANGES TO OFF			
NAME STREET ADDRESS CITY-ST-ZIP	PS LOPEZ, ARMANDO F	☐ Delete	NAM STRE CITY	E SE SET ADORESS '-ST-ZIP	ADDITIONS/	CHANGES TO OFF	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	PS LOPEZ, ARMANDO F 6967 W 4TH CT		TITL NAM STRE	E BE EET ADORESS '-ST-ZIP E	ADDITIONS/	CHANGES TO OFF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PS LOPEZ, ARMANDO F 6967 W 4TH CT	☐ Delete	TITLI NAM STRE CITY TITLI NAM STRE	E EET ADORESS '-ST-ZIP E EET ADORESS	ADDITIONS/	CHANGES TO OFF	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LOPEZ, ARMANDO F 6967 W 4TH CT HIALEAH, FL 33014	☐ Delete	TITLI NAM STRE CITY TITLI NAM STRE CITY	E SET ADORESSST-ZIP E SET ADORESSST-ZIP	ADDITIONS/	CHANGES TO OFF	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PS LOPEZ, ARMANDO F 6967 W 4TH CT	☐ Delete	TITLI NAM STRE CITY TITLI NAM STRE	E LEE ADDRESS ST-ZIP E LEE ADDRESS ST-ZIP E LEE ADDRESS ST-ZIP E LEE ADDRESS ST-ZIP E	ADDITIONS/	CHANGES TO OFF	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PS LOPEZ, ARMANDO F 6967 W 4TH CT HIALEAH, FL 33014	☐ Delete	TITLL NAM STRE CITY TITLL NAM STRE CITY TITLL NAM STRE STRE	E SEET ADDRESSST-ZIP E SEET ADDRESSST-ZIP E EEET ADDRESSST-ZIP E SEET ADDRESS	ADDITIONS/	CHANGES TO OFF	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LOPEZ, ARMANDO F 6967 W 4TH CT HIALEAH, FL 33014	☐ Delete ☐ Delete ☐ Delete	TITLL NAM STRE CITY TITLL NAM STRE CITY TITLL NAM STRE CITY TITLL NAM STRE CITY	E E E E E E T T E E E E E E	ADDITIONS/	CHANGES TO OFF	☐ Change☐ Change☐ Change☐ Change	Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PS LOPEZ, ARMANDO F 6967 W 4TH CT HIALEAH, FL 33014	☐ Delete	TITLL NAM STRE CITY TITLL NAM STRE CITY TITLL NAM STRE STRE	E E E E E E E E E E E E E E E E E E E	ADDITIONS/	CHANGES TO OFF	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PS LOPEZ, ARMANDO F 6967 W 4TH CT HIALEAH, FL 33014	☐ Delete ☐ Delete ☐ Delete	TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY	E EET ADDRESSST-ZIP E EET ADDRESSST-ZIP E EET ADDRESSST-ZIP E EET ADDRESSST-ZIP E EET ADDRESS	ADDITIONS/	CHANGES TO OFF	☐ Change☐ Change☐ Change☐ Change	Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LOPEZ, ARMANDO F 6967 W 4TH CT HIALEAH, FL 33014	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLI NAM STRE CITY	E E E E E E E E E E E E E	ADDITIONS/	CHANGES TO OFF	☐ Change ☐ Change ☐ Change	Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PS LOPEZ, ARMANDO F 6967 W 4TH CT HIALEAH, FL 33014	☐ Delete ☐ Delete ☐ Delete	TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY	E E E E E E E E E E E E E	ADDITIONS/	CHANGES TO OFF	☐ Change☐ Change☐ Change☐ Change	Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PS LOPEZ, ARMANDO F 6967 W 4TH CT HIALEAH, FL 33014	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLI NAM STRE CITY	E E E E E E E F F F F E E E	ADDITIONS/	CHANGES TO OFF	☐ Change ☐ Change ☐ Change	Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PS LOPEZ, ARMANDO F 6967 W 4TH CT HIALEAH, FL 33014	Delete Delete Delete Delete	TITLE NAM STRE CITY	E E E E E E E E E E E E E	ADDITIONS/	CHANGES TO OFF	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PS LOPEZ, ARMANDO F 6967 W 4TH CT HIALEAH, FL 33014	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLI NAM STRE CITY	E E E E E E E E E E E E E	ADDITIONS/	CHANGES TO OFF	☐ Change ☐ Change ☐ Change	Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PS LOPEZ, ARMANDO F 6967 W 4TH CT HIALEAH, FL 33014	Delete Delete Delete Delete	TITLE NAME STREE CITY TITLE NAME STREE STREE	E E E E E E E E E E E E E	ADDITIONS	CHANGES TO OFF	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	

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:

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/11/06 (786)346-0632