

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000151816

Entity Name: BP OF OCALA, INC.

FILED  
Dec 06, 2007  
Secretary of State

## Current Principal Place of Business:

3322 SW 39TH STREET  
OCALA, FL 34474

## New Principal Place of Business:

## Current Mailing Address:

3322 SW 39TH STREET  
OCALA, FL 34474

## New Mailing Address:

FEI Number: 51-0620830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ISLAM, MD Z  
3322 SW 39TH STREET  
OCALA, FL 34474 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ISLAM, ZUAL MD  
Address: 3322 SW 39TH STREET  
City-St-Zip: OCALA, FL 34474

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: AHSAN, SOHEL  
Address: 5985 WEST HIGHWAY 40  
City-St-Zip: OCALA, FL 34482

Title: VP ( ) Change (X) Addition  
Name: AHSAN, SANZIDA  
Address: 5985 WEST HIGHWAY 40  
City-St-Zip: OCALA, FL 34482

Title: VP ( ) Change (X) Addition  
Name: KARIM, MOHAMMED M  
Address: 3 MIDWAY TRACK PL.  
City-St-Zip: OCALA, FL 34472

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MD ZUAL ISLAM

P

12/06/2007

Electronic Signature of Signing Officer or Director

Date