


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90031 028 \*\*\*150.00

<b>DOCUMENT</b> P 94.0000 2090 1. Entity Name <b>M E A OIL COMPANY</b>																					
Principal Place of Business <b>1 PALMETTO DR MIAMI SPRINGS FL 33166</b>		Mailing Address <b>1 PALMETTO DR MIAMI SPRINGS FL 33166</b>																			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																			
City & State Zip Country		City & State Zip Country																			
4. FEI Number <b>65-0733371</b>		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent <b>A. DAY CIENTUECOS CPA 3270 SW 17 ST ANNEX MIAMI FL 33145</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																			
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 <b>A. DAY CIENTUECOS CPA</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE <b>DIRECTOR</b></td> <td style="width:70%;">NAME <b>ALADIN, AMINKHAN A</b></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS <b>1 PALMETTO DR</b></td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP <b>MIAMI SPRINGS, FL 33166</b></td> <td colspan="2"></td> </tr> </table>		TITLE <b>DIRECTOR</b>	NAME <b>ALADIN, AMINKHAN A</b>	<input type="checkbox"/> Delete	STREET ADDRESS <b>1 PALMETTO DR</b>			CITY - ST - ZIP <b>MIAMI SPRINGS, FL 33166</b>			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 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: <b>Amir Hooda</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>05/01/07</b> Daytime Phone # <b>(305) 392-4730</b>																			