

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000040626

1. Entity Name
HABIB PETROLEUM CORP.



Principal Place of Business

**WEST PALM BEACH
2970 N. MILITARY TRAIL
WEST PALM BEACH, FL 33409 US**

Mailing Address

**2970 N. MILITARY TRAIL
WEST PALM BEACH, FL 33409**



07092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0493810

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HABIB, MARK
2970 NORTH MILITARY TRAIL
WEST PALM BEACH, FL 33409**

**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 and printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/9/04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HABIB, MARK
104 HAMPTON CIR
JUPITER, FL 33458**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HABIB, MARY H
18145 S.E. HERITAGE DR.
TEQUESTA, FL 33469**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HABIB, SELIM
18145 S.E. HERITAGE DR.
TEQUESTA, FL 33469**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HABIB, STELLA
18145 S.E. HERITAGE DR.
TEQUESTA, FL 33469**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000165143
07/12/04-80001-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/04
Date

561-6830430
Daytime Phone #