2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000059597 1. Entity Name					Apr 08, 2005 08:00 AM Secretary of State				
SOUTHE	AST FUEL DISTRIBUTORS	, INC.			ł		y or st	acc	
Principal Place of Business 15730SW 81 AVENUE MIAMI FL 33157		Mailing Address 16780SW 81 AVENUE MIAMI FL 33157							
	Place of Business	3. Mailing Address	<u> </u>						
Suite, Apt #, etc.		Suite, Apt #, etc.			-		ÇR2E034 (1		- ([1]
City & State		City & State			4. FE! Number	65-0682791	<u></u>		plied For
Zip Country		Zip	Country		5. Certificate o	f Status Desired		.75 Add Require	litional
	6. Name and Address of Curre	nt Registered Agent			7. Name and A	Address of New R	egistered Age	nt	
ROSELLO, GEORGE 16780 SW 81 AVENUE MIAMI FL 33157				Name Street Address (P.O. Box Number is Not Acceptable)					
		:		City			FL	Zip Code	
8. The above the obligat	named entity submits this statement tions of registered agent.	t for the purpose of changing it	s registere	ed office or registe	red agent, or both	, in the State of Flo	rida, I am fami	liar with.	and accept
SIGNATURE.	Signature, typed or printed name of registered ag	ent and trile if applicable (NO	TE Registere	d Agent signature required	d when reinstating)		DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550. C Payable to Florida Department			······································	!	9. Election Campa Trust Fund Con			OO May Be
10.	OFFICERS AN	ID DIRECTORS	_ 11.		ADDITIONS/C	HANGES TO OFF	CERS AND DIF	RECTORS	ÎN ÎT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSELLO, GEORGE J 16780 SW 81 AVENUE MIAMI FL 33157	☐ Celete						Change	☐ Addition
NAME STREET ADDRESS CITY - ST-ZIP	D ROSELLO, AIDA 16780 SW 81 AVENUE MIAMI FL 33157	Delete			ſ	0000002: 04/08/05-81		Change 150.0	☐ Addition
HTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		Ł				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
TITLE NAME CIRCLY ST. ZIP		□_Delete	- 1					Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied w	Delete	GHA-	EFADDRESS -ST-ZP	nation 140 07(m)(1)	Florido Carte de 1		Change	Addition

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 eath, 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 TAPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day from Proce 4

FILED