

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90689 045 ***150.00

DOCUMENT # P97000091460 1. Entity Name BHAGWANDIN'S PETROLEUM, INC.			
Principal Place of Business 6390 W OAKLAND PARK BLVD SUNRISE, FL 33133		Mailing Address 6390 W OAKLAND PARK BLVD SUNRISE, FL 33133	
2. Principal Place of Business 11233 W. Atlantic Blvd Suite, Apt. #, etc. #108		3. Mailing Address 11233 W. Atlantic Blvd Suite, Apt. #, etc. #108	
City & State Coral Springs FL. Zip 33071		City & State Coral Springs FL Zip 33071	
4. FEI Number 65-0789912		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 BHAGWANIN, KAPALDEO 6390 W OAKLAND PARK BLVD SUNRISE, FL 33133		7. Name and Address of New Registered Agent Name Bhagwandin, Kapaldeo Street Address (P.O. Box Number is Not Acceptable) 11233 W. Atlantic Blvd #108 City Coral Springs FL Zip Code 33071	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME BHAGWANDIN, KAPALDEO	TITLE PD	NAME Bhagwandin, Kapaldeo
STREET ADDRESS 6390 W OAKLAND PARK BLVD	CITY-ST-ZIP SUNRISE, FL 33133	STREET ADDRESS 11233 W. Atlantic Blvd #108	CITY-ST-ZIP Coral Springs FL 33071
TITLE VD	NAME BHAGWANDIN, PARMADAT	TITLE VD	NAME Bhagwandin, Parmadat
STREET ADDRESS 6390 W OAKLAND PARK BLVD	CITY-ST-ZIP SUNRISE, FL 33133	STREET ADDRESS 11233 W. Atlantic Blvd #108	CITY-ST-ZIP Coral Springs FL 33071
TITLE NAME	STREET ADDRESS NAME	TITLE NAME	STREET ADDRESS NAME
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME	CITY-ST-ZIP NAME	CITY-ST-ZIP NAME
TITLE NAME	STREET ADDRESS NAME	TITLE NAME	STREET ADDRESS NAME
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME	CITY-ST-ZIP NAME	CITY-ST-ZIP NAME
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		Date 5/14/04 Daytime Phone # 954-588-7253	

PARMADAT BHAGWANDIN