

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90141 044 ***150.00

DOCUMENT # P98000034042

1. Entity Name
MRK PETROLEUM, INC.



Principal Place of Business
**3691 W. BLUE HERON BLVD
RIVIERA BEACH, FL 33404**

Mailing Address
**3691 W. BLUE HERON BLVD
RIVIERA BEACH, FL 33404**

14061001



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0833052

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**IQBAL, KAZI
3691 W. BLUE HERON BLVD
RIVIERA BEACH, FL 33404**

**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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	IQBAL, KAZI
STREET ADDRESS	1008 N.W. 130TH TERRACE
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	VP
NAME	FOO, SHAHJAHAN D
STREET ADDRESS	2104 WEDGEWOOD PLAZA DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33404
TITLE	D
NAME	MUSTAFA, SURAIYA
STREET ADDRESS	114 COLLY WAY
CITY-ST-ZIP	N. LAUDERDALE, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

Date

561-848-6689

Daytime Phone #