

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000054620

1. Entity Name
HIALEAH LAKES GAS AND DIESEL INC.



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

Principal Place of Business
199 WEST 84TH STREET
HIALEAH, FL 33014

Mailing Address
1990 WEST 84TH STREET
HIALEAH, FL 33014



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0844722

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAHMAN, MOHAMMAD M
199 WEST 84TH STREET
HIALEAH, FL 33014

**DO NOT WRITE
IN THIS SPACE**

8. I, 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
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-STATE-ZIP
D
RAHMAN, MOHAMMAD M
1990 WEST 84TH STREET
HIALEAH, FL 33014

TITLE
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CITY-STATE-ZIP

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000000155222
07/12/04-80004-012 150.00

**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)(f), Florida Statutes. I further certify that the information contained 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) (MOHAMMAD M. RAHMAN)

7-7-04

305-822-8540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #