


2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90195 028 ***150.00

DOCUMENT # **P99000045463**

1. Entity Name
Cedars Oil, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6901 Coral Way		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State miami, FL		City & State	
Zip 33155	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0931872

Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Abdula Kali president 9208 Emerson Av Surfside, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Ramel V.P. 19501 E country club Drive Apt # 601 Aventura, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yasser Koubissi sec 1841 N.E 163 St. #401 Nmian beach, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/15/03** **(305) 165-9990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)