

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 10, 2004
Secretary of State**

DOCUMENT# S97772

Entity Name: AZIZ TEXACO, INC.

Current Principal Place of Business:

1455 WEST SUNRISE BLVD.
FT. LAUDERDALE, FL 333117040

New Principal Place of Business:

Current Mailing Address:

1455 WEST SUNRISE BLVD.
FT. LAUDERDALE, FL 333117040

New Mailing Address:

FEI Number: 65-0301105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHAN, MOHAMMED DULAL
1455 WEST SUNRISE BLVD
FT. LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PVPD () Delete
Name: KHAN, MOHAMMED DULAL,
Address: 8811 SOUTHERN ORCHARD RD
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KHAN, MOHAMMED DULAL,
Address: 8811 SOUTHERN ORCHARD RD
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: VP () Change (X) Addition
Name: KHAN, SALMA
Address: 1455 WEST SUNRISE BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOHAMMED DULAL KHAN

P

12/10/2004

Electronic Signature of Signing Officer or Director

_____ Date