

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004602

FILED  
Jan 08, 2004  
Secretary of State

Entity Name: POWERPETRO INC.

**Current Principal Place of Business:**

14707 S. DIXIE HWY., #317  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

14707 S. DIXIE HWY., #317  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 65-1025307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SINGH, ARJUNE  
14925 S.W. 82ND AVENUE  
MIAMI, FL 33158 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: SINGH, ARJUNE  
Address: 14925 S.W. 82ND AVENUE  
City-St-Zip: MIAMI, FL 33158

Title: VP ( ) Delete  
Name: MARTELL, HAL  
Address: 848 BRICKELL AVENUE  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARJUNE SINGH

CEO

01/08/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date