

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90046 015 \*\*\*150.00

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1st MOORE CR2E034 (10/04)  
 43-2022250

DOCUMENT # P03000080521			
1. Entity Name VOLCANO PETROLEUM CORP.			
Principal Place of Business 850 IVES DAIRY ROAD #T-11 MIAMI FL 33179		Mailing Address 850 IVES DAIRY ROAD #T-11 MIAMI FL 33179	
2. Principal Place of Business 1926 HOLLYWOOD BLVD #207 Suite, Apt. #, etc. #207		3. Mailing Address 1926 HOLLYWOOD BLVD #207 Suite, Apt. #, etc. #207	
City & State HOLLYWOOD FL Zip 33020 Country BROWARD		City & State HOLLYWOOD FL Zip 33020 Country BROWARD	
4. FEI Number AP-PLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SACK, PAUL ESQ. 850 IVES DAIRY ROAD #T-11 MIAMI FL 33179		7. Name and Address of New Registered Agent Name PAUL SACK Street Address (P.O. Box Number is Not Acceptable) 1926 HOLLYWOOD BLVD #207 City HWD FL Zip Code 33020	
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 re-registering) DATE:			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SACK, PAUL 850 IVES DAIRY ROAD #T-11 MIAMI FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:		Date: 5/11/05	Daytime Phone #: 786-942-0839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #