


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90082 008 ***158.75

DOCUMENT # P05000059740			
1. Entity Name WEST INDIES PETROLEUM COMPANY			
Principal Place of Business POST OFFICE BOX 403790 MIAMI BEACH, FL 33140		Mailing Address POST OFFICE BOX 403790 MIAMI BEACH, FL 33140	
2. Principal Place of Business 95 MERRICK WAY Suite, Apt. #, etc. SUITE 610		3. Mailing Address Suite, Apt. #, etc.	
City & State CORAL GABLES - FL		City & State	
Zip 33134		Country DADE	
4. FEI Number		03072006 Chg-P CR2E034 (11/05)	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RODRIGUEZ, JAVIER J ESQ. 95 MERRICK WAY SUITE 610 CORAL GABLES, FL 33134		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, MICHAEL A	NAME	P.O. BOX 403790
STREET ADDRESS	POST OFFICE BOX 800806	STREET ADDRESS	MIAMI BEACH, FL 33140
CITY - ST - ZIP	AVENTURA, FL 33280	CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JAVIER J	NAME	95 MERRICK WAY, SUITE 610
STREET ADDRESS	POST OFFICE BOX 800806	STREET ADDRESS	CORAL GABLES, FL 33134
CITY - ST - ZIP	AVENTURA, FL 33280	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Michael A. Suarez, Director</i>		Date: <i>MARCH 7, 2006</i> Daytime Phone #: <i>305-868-9599</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	