


**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # <b>P07000128187</b>	
1. Entity Name <b>BRENT PETROLEUM USA, CORP.</b>	

FILED  
11 MAY 20 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # <b>480 S.W. 118 Ave</b>	3. Mailing Address <b>P.O. Box 552157</b>
Suite, Apt. #, etc. <b>Plantation</b>	Suite, Apt. #, etc.
City & State <b>Plantation FL</b>	City & State <b>Ft. Lauderdale FL</b>
Zip <b>33325</b>	Country <b>U.S.A</b>
Zip <b>33305</b>	Country <b>U.S.A</b>

CR2E034B (1/11)

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4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name <b>Monique Clay</b>
Street Address (P.O. Box Number is Not Acceptable) <b>480 S.W. 118 Ave</b>
City <b>Plantation</b> FL Zip Code <b>33325</b>

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 re-instating) DATE \_\_\_\_\_

January - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State.	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution. Added to Fees	E-mail Address: <b>mpaceclay1@hotmail.com</b> E-mail address to be used for future annual report notices.
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10. OFFICERS AND DIRECTORS	
TITLE <b>President</b>	NAME <b>Angelo Pace</b>
STREET ADDRESS <b>480 S.W. 118 Ave</b>	CITY-ST-ZIP <b>Plantation FL 33325</b>
TITLE <b>VP</b>	NAME <b>Monique Clay</b>
STREET ADDRESS <b>480 S.W. 118 Ave</b>	CITY-ST-ZIP <b>Plantation FL 33325</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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*A 5/20*

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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155.

SIGNATURE:  DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR