2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V65317

1. Entity Name

PETROSOL PROCESSING & REFINING, INC.



Principal Place of Business

Mailing Address

2655 LEIEUNE RD SUITE 1003 2655 LEJEUNE RD

. 1003

DO NOT WRITE IN THIS SPACE

CORAL GABLES, FL 33134-5827 US

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FILED Apr 13, 2004 08:00 AM Secretary of State



04012004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0363341 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD 1500 MIAMI CENTER MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

					:
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 0x0TE. Registered Agent signature of				e required when rainstating?	DATE
File NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financin Trust Fund Contribution.	g 🛘	\$5.00 May Be Added to Fees	U00000111662 04/13/04-80029-006 150.00
10. OFFICERS AND DIRECTORS					
TRILE NAME STREET ADDRESS CITY - ST - ZIP	P MEYERINGH, ROBERT W 5633 GRANADA BLVD CORAL GABLES, FL				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S MEYERINGH, ROBERT W 5633 GRANADA BLVD CORAL GABLES, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
IRLE NAME STREET ADDRESS CRY-SI-ZIP					
TIFLE		B			}

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report in suppliamental 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 of the receiver or this tee 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 abdress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY+ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APKIL 8, 2004 305-442-740

Daytime Phone #