



FILED
Mar 19, 2007 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P98000081459 1. Entity Name 163-6 PETROLEUM, INC.</div><div style="text-align: center;"></div></div>		Secretary of State																																									
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 9700 SW 40 ST MIAMI, FL 33165</div><div>Mailing Address 9700 SW 40 ST MIAMI, FL 33165</div></div>		<div style="text-align: center;"></div> <div>03132007 No Chg-P CR2E034 (11/05)</div>																																									
DO NOT WRITE IN THIS SPACE		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:80%;">4. FEI Number 65-0886710</td><td style="width:20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 65-0886710	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
4. FEI Number 65-0886710	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 COX, JOE B C/O COX & NICI 9700 SW 40 ST MIAMI, FL 33165		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">TITLE</td><td style="width:90%;">PSTD</td></tr><tr><td>NAME</td><td>PEQUENO, TOMAS</td></tr><tr><td>STREET ADDRESS</td><td>9700 SW 40 ST</td></tr><tr><td>CITY- ST- ZIP</td><td>MIAMI, FL 33165</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>		TITLE	PSTD	NAME	PEQUENO, TOMAS	STREET ADDRESS	9700 SW 40 ST	CITY- ST- ZIP	MIAMI, FL 33165	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		<div>U00000671657 03/28/07-80037-016 150.00</div> <div style="margin-top: 50px;">DO NOT WRITE IN THIS SPACE</div>	
TITLE	PSTD																																										
NAME	PEQUENO, TOMAS																																										
STREET ADDRESS	9700 SW 40 ST																																										
CITY- ST- ZIP	MIAMI, FL 33165																																										
TITLE																																											
NAME																																											
STREET ADDRESS																																											
CITY- ST- ZIP																																											
TITLE																																											
NAME																																											
STREET ADDRESS																																											
CITY- ST- ZIP																																											
TITLE																																											
NAME																																											
STREET ADDRESS																																											
CITY- ST- ZIP																																											
TITLE																																											
NAME																																											
STREET ADDRESS																																											
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																											