2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2007 8:00 am Secretary of State DOCUMENT # P06000046997 04-12-2007 90031 050 ***150 00 OTERO PETROLEUM, CORP. Principal Place of Business Mailing Address 4002/3/2 14021 SW 52 STREET 14021 SW 52 STREET MIRAMAR, FL 33027 US MIRAMAR, FL 33027 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14021 SW 52 Street Street <u>14021</u> SW Suite, Apt. #, etc. Suite, Apt. #, etc. 04102007 Chg-P CR2E034 (12/06) Miramar, Fl miramar 4. FEI Number 80-114517 Applied For City & State <u>3302</u> USA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OTERO, GEORGE JR. Street Address (P.O. Box Number is Not Acceptable) 14021 SW 52 STREET MIRAMAR, FL 33027 City Zip Code 8. The above partied 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. o7 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Þ TITLE ☐ Delete MLE ☐ Change ☐ Addition OTERO, GEORGE JR. NAME NAME 14021 SW 52 STREET STREET ADORESS STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZIP VP TITLE ☐ Delete TILE ☐ Change ☐ Addition PEREZJACOME, MARILENA NAME NAME STREET ADDRESS 14021 SW 52 STREET STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZIP TTILE Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP TILE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete -. TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ 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 Supplied mental 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: UND TYPED OF FICER OR DIRECTOR

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