2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #173666

1. Entity Name

PETROLEUM PRODUCTS CORP.



FILED Mar 06, 2008 08:00 AN Secretary of State

Principal Place of Business

2875 NE 191 STREET SUITE # 702B AVENTURA, FL 33180 Mailing Address

2875 NE 191 STREET SUITE # 702B AVENTURA, FL 33180



02222008

No Chg-P

CR2E034 (11/05)

4.	FEI Number							
	59-0797384							

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE LESTER SHEAR & DENBERG, LLP 201 ALHAMBRA CIRCLE SUTIE # 601 CORAL GALBES, FL 33134

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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	gistered Agent si	Agent signature required when reinstating)			DATE				
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND DIREC	CTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAIR, JERROLD 300 SOUTH POINTE DR. #3103 MIAMI BEACH, FL 33139		,		•		e e e e e e e e e e e e e e e e e e e			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	* * * * * * * * * * * * * * * * * * *	U00000 03/21/08-	349874 80038-013 19	58 . 75		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25

305 466 576

Daytime Phone #