

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 263150

FILED
May 02, 2009
Secretary of State

Entity Name: PETROLEUM INDUSTRIES INC

Current Principal Place of Business:

2600 S MIAMI RD
FT LAUDERDALE, FL 33316100 US

New Principal Place of Business:

Current Mailing Address:

5402 N. E. 17 TERRACE
FT LAUDERDALE, FL 33334 US

New Mailing Address:

FEI Number: 59-1118446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POWERS, FRED H.
5402 NE 17 TERRACE
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POWERS, FRED H.
Address: 5402 NE 17 TERR
City-St-Zip: FORT LAUDERDALE, FL 33334 US

Title: S () Delete
Name: LONGMUIR, SHARON P.
Address: 4902 SW 12TH ST.
City-St-Zip: MARGATE, FL 33068 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON P. LONGMUIR

SECY

05/02/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date