



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90115 022 \*\*\*150.00

<b>DOCUMENT # F97000004216</b>					
<b>1. Entity Name</b> PETRO FIRST, INC.					
<b>Principal Place of Business</b> 1909 N.W. 16TH STREET POMPANO BEACH, FL 33069			<b>Mailing Address</b> 1909 N.W. 16TH STREET POMPANO BEACH, FL 33069		
<b>2. Principal Place of Business</b> 3000 Hwy 17 South Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3000 Hwy 17 South Suite, Apt. #, etc.			
City & State <b>Bartow, FL</b>		City & State <b>Bartow, FL</b>		<b>4. FEI Number</b> 52-2034913	
Zip <b>33830</b> Country <b>USA</b>		Zip <b>33830</b> Country <b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  COTLER, CRAIG B 8751 W. BROWARD BLVD, SUITE 305 PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VALENTINE, ANTHONY 1811 NW 16TH STREET POMPANO BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Anthony Valentine 21651 Town Place Dr. Boca Raton, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD SABATINELLI, ARTHUR 1811 NW 16TH STREET POMPANO BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/T/D Arthur A. Sabatinelli 3000 Hwy 17 South Bartow, FL 33830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GREEN, BRUCE D 600 SOUTH ANDREWS AVENUE STE 400 FORT LAUDEDALE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<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 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Arthur Sabatinelli		4/21/04     954-971-9598 <small>Date     Daytime Phone #</small>	