



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

150.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -9 AM 10:45

<b>DOCUMENT # F99000002530</b> 1. Entity Name <b>PETROLEUM REALTY CORPORATION</b>					
Principal Place of Business <b>1200 BRICKELL AVE., STE 1500 MIAMI, FL 33131</b>				Mailing Address <b>1200 BRICKELL AVE., STE 1500 MIAMI, FL 33131</b>	
2. Principal Place of Business <b>501 Arthur Godfrey Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>Same as #2</b> Suite, Apt. #, etc.			
City & State <b>Miami Beach, FL</b>		City & State <b>Same as #2</b>		4. FEI Number <b>31-1643024</b>	
Zip <b>33140</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PEARCE, PAM 1200 BRICKELL AVE SUITE 1500 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD GLIMCHER, DAVID 88 WEST MAIN STREET COLUMBUS, OH 43215</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDCC BITTEL, STEPHEN 88 WEST MAIN STREET COLUMBUS, OH 43215</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BLASI, PATRICIA M 1200 BRICKELL AVE., STE 1500 MIAMI, FL 33131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800048498348 03/16/05--01008--001 **300.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD FITZGERALD, SCOTT 1200 BRICKELL AVE., STE 1500 MIAMI, FL 33131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			_____ Date		
_____ Daytime Phone #			_____ Daytime Phone #		