


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000002530		
1. Entity Name PETROLEUM REALTY CORPORATION		
Principal Place of Business 801 ARTHUR GODFREY RD MIAMI BEACH, FL 33140	Mailing Address 801 ARTHUR GODFREY RD MIAMI BEACH, FL 33140	

FILED

2007 APR 25 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1643024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BITTEL, STEPHEN 801 ARTHUR GEOFFREY RD SUITE 600 MIAMI BEACH, FL 33140
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**DO NOT WRITE
IN THIS SPACE**

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

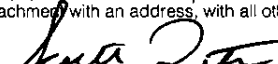
\$5.00 May Be
Added to Fees

500101463685
05/04/07--01005--005 **\$50.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GLIMCHER, DAVID 88 WEST MAIN STREET COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCC BITTEL, STEPHEN 801 ARTHUR GEOFFREY RD. STE 600 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLASI, PATRICIA M 801 ARTHUR GEOFFREY RD. STE 600 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FITZGERALD, SCOTT 801 ARTHUR GEOFFREY RD. STE 600 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 5/2/07

**DO NOT WRITE
IN THIS SPACE**

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

4/11/07

305-779-4914

Date

Daytime Phone #