

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G35502**

**1. Entity Name**  
**ADVANCE PETROLEUM, INC.**



**Principal Place of Business**

**9800 NW 41 ST**  
**400**  
**MIAMI, FL 33178**

**Mailing Address**

**9800 NW 41 ST**  
**400**  
**MIAMI, FL 33178**

**DO NOT WRITE IN THIS SPACE**



01122006 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
**59-2283968**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

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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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**



**\$5.00 May Be**  
**Added to Fees**

**000000387215**  
**01/19/06-80029-025 150.00**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**P**  
**CLEMENTI, MICHAEL**  
**9800 NW 41 STREET**  
**MIAMI, FL 33178**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TS**  
**DIAZ, ISABEL**  
**9800 NW 41 STREET**  
**MIAMI, FL 33178**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**TITLE**  
**NAME**  
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**CITY-ST-ZIP**

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**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:**

*Isabel Diaz* **Sgt.**

**1/12/06**

**305 425 8044**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #