## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 28, 2008 08:00 AM **DOCUMENT # G65723** Secretary of State P. J. C. OIL NUMBER ONE, INC. Principal Place of Business Mailing Address 12454 SW 76 ST 12454 SW 76 ST MIAMI, FL 33183 MIAMI, FL 33183 US 04252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2389686 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent FLAMM, BRUCE DO NOT WRITE 9400 S. DADELAND BLVD. **SUITE 100** IN THIS SPACE MIAMI, FL 33156 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MACAULAY, ANTOINETTE C NAME 8954 BROOK RD STREET ADDRESS MCLEAN, VA 22102 CITY-ST-ZIP V/P TITLE CESARANO, MICHAEL CHAPMA U00000929287 05/21/08-80063-002 150.00 NAME STREET ADDRESS 815 E DILIDO DR. CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE NAME CESARANO, JOHN CHRISTOPH STREET ADDRESS **5289 OROFINO DRIVE** DO NOT WRITE CITY-ST-ZIP CASTLE ROCK, CO 80108 IN THIS SPACE MILE) CESARANO, GREGORY MORGEN NAME STREET ADDRESS 4106 PINTA COURT CMY-ST-ZIP CORAL GABLES, FL 33146 mr NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 eath; 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:

CITY- ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-7IP