2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000005764

1. Entity Name
CORPORACION PETROLERA ORDAZ, L.L.C.

Principal Place of Business	Mailing Address
11210 N.W. 61 STREET MIAMI, FL 33178	11210 N.W. 61 STREET MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

04202005 No Chg-LLC   CR2E083 (10/03)
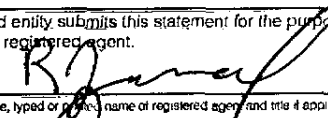
4. FEI Number		Applied For
65-1142837		Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ZOMERFELD, RAYMOND J
999 PONCE DE LEON BLVD., SUITE 1045
CORAL GABLES, FL 33134
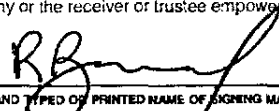
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ORDAZ CORP.
STREET ADDRESS	11210 N.W. 61 STREET
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGR
NAME	ZOMERFELD, RAYMOND
STREET ADDRESS	999 PONCE DE LEON BLVD., #1045
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000344007
04/29/05-80117-020 50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   4-25-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #