

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90017 049 \*\*\*\*\*50.00

**DOCUMENT # L02000033226**

1. Entity Name  
OIL AND PETRO SYSTEMS, L.L.C.



Principal Place of Business

1890 BRICKELL AVENUE  
SUITE F  
MIAMI, FL 33129

Mailing Address

1890 BRICKELL AVENUE  
SUITE F  
MIAMI, FL 33129



04302004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOTERO, OLGA  
1890 BRICKELL AVENUE  
SUITE F  
MIAMI, FL 33129

**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)

x 4/30/04

DATE

**Filing Fee is \$50.00.**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE P  
NAME BOTERO, OLGA  
STREET ADDRESS 1890 BRICKELL AVENUE, SUITE F  
CITY-ST-ZIP MIAMI, FL 33129

TITLE VP  
NAME AUGUSTO OSARIO, JAMES  
STREET ADDRESS 1890 BRICKELL AVENUE, SUITE F  
CITY-ST-ZIP MIAMI, FL 33129

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

x 4/30/04

Date

Daytime Phone #

x 056298670