UNIFORM BUSINESS REPORT (UBR)

FILED Jul 11, 2003 8:00 am Secretary of State 02-27-2003 90001 019 ****50.00

DOCUMENT # L02000033226 1. Entity Name	*****	
DIL AND PETRO SYSTEMS, L.L.C.	1	

1. Entity Na	D PETRO SYSTEMS, I	L.L.C.				
	DO NOT WRITE	IN THIS SF		550	50935	
	O BRICKELL AVE	1890 BRICKET/MYR		DO NOT WRITE IN THIS SPACE 17		
	11:- Florida	City & State MIANN' - Florida.		Applied FOR.	Applied For Not Applicable	
33/	29, Country BA.	33129	Country A.	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
			Name A	7. Name and Address of Current Registe	red Agent	
	PO-NOT-WDITE - 64			9 Aris Oot-Pro		
	Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE					
		Duite AF				
100			City ///	rui F	<u></u>	
the obliga	6. 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 as	nd title if applicable.		DATE		
		A SEASON OF THE PROPERTY OF THE PARTY OF THE	EE (S \$50.00			
ļ			i to Florida Departme JE BY MAY 1	nt of State	·	
9.	MANAGING MEMBER					
TITLE NAME	CLGA Lucio Befe	nci. (Hesidant)	TITLE NAME		202	
STREET ADDRESS	1890 Brickell Ave	e Suite F	STREET ADDRESS		88	
CITY-ST-ZIP	MIAMI 33	22:06.2.1	CitY:ST:ZIP.		38 4	
NAME	JAMES AUGUSTO DE 1890 BALFEIT AVE	Sute F	YNAME:		3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	
STREET ADDRESS City-St-Zip	Wirmin 33	129.	STREET ADORESS			
TITLE			ATTILE STATE OF THE STATE OF TH			
NAME — STREET ADDRESS	-		NAME STREET ADDRESS	DO NOT WE	ite:	
CITY-ST-ZIP		<u> </u>	City St 2P	DO_NOT WR		
TITLE NAME		•	TITLE 7	IN THIS SPA	CE .	
STREET ADDRESS CITY-51-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE			mie			
NAME STREET ADDRESS			NAME STREET ACCRESS			
CITY- ST- ZIP			CITY ST TP			
TITLE NAME			TITLE 8 NAME			
STREET ADDRESS			STREET ACCRESS			
CITY-ST-ZIP	<u> </u>		COTY ST TIP		and the second second	

11. Thereby certify that the information supplied with this filling 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.

LUCIA