

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000115198	
1. Entity Name PETROENERGY LLC	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 18 PM 4:33

Principal Place of Business 2030 S. OCEAN DR SUITE 402 HALLANDALE, FL 33009	Mailing Address 2030 S. OCEAN DR SUITE 402 HALLANDALE, FL 33009
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2. Principal Place of Business - No P.O. Box # 8424 NW 56 ST.	3. Mailing Address 8424 NW 56 ST.
Suite, Apt. #, etc. SUITE # GYE-1093	Suite, Apt. #, etc. SUITE # GYE-1093
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33166	Country USA

06062007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3882419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MOSCOSO, MIRIAM P 2030 S OCEAN DR SUITE 402 HALLANDALE, FL 33009	7. Name and Address of New Registered Agent Name HOYOS, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 8424 NW 56 ST. SUITE # GYE-1093 MIAMI, FL 33166 City FL Zip Code
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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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MOSCOSO, MIRIAM P 2030 S OCEAN DR SUITE 402 HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HOYOS, FRANCISCO 8424 NW 56 ST. SUITE # GYE-1093 MIAMI, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAIDA, MARIO X 2030 SOUTH OCEAN DR SUITE 402 HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100106501991 07/20/07--01035--003 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

FRANCISCO HOYOS

6-20-07

954-4555588