2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 03, 2004 08:00 AM DOCUMENT # P01000033082 Secretary of State 1. Entity Name SIGNATURE PETROLEUM ENTERPRISES INC Mailing Address Principal Place of Business 8800 SW 104 STREET MIAMI FL 33176 8800 SW 104 STREET MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-1116256 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEQUENO, MILADY Street Address (P.O. Box Number is Not Acceptable) 8800 SW 104 STREET MIAMI FL 33176 City Zio Code 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Delete HRE Change ☐ Addition TITLE PEQUENO, TOMAS NAME NAME STREET ADDRESS 8800 SW 104 STREET STREET ADDRESS MIAMI FL 33176 CITY - ST - ZIP DITY-ST-239 VĐ TEFLE Change ☐ Addition Delete TITLE NAME PEQUENO, GLADYS NAME 8800 SW 104 STREET STREET ADDRESS STREET ADDRESS U00000023816 <del>00<sub>0</sub>,004-00081-025</del> CITY-ST-ZIP CITY-ST-ZW MIAMI FL 33176 ☐ Delete TOTIE TITLE MANE MALA PEGUENO, MILADY STREET ADDRESS STREET ADDRESS 8400 SW 104 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Change Delete TITLE ☐ Addition 3331 5 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Слапре Addition ☐ Delete TIESE TITLE MASAF STREET ADDRESS STREET ADDRESS CITY-51-ZIP CITY-SI-ZIP Change ☐ Addition THLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP 12. Thereby 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee/enpowered 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 the empowered.

OFFICER OR DIRECTOR

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