


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90066 009 \*\*\*150.00

<b>DOCUMENT # P01000088382</b>	
1. Entity Name <b>PETROCARGA, CORP.</b>	

Principal Place of Business <b>4188 PINE RIDGE LN WESTON, FL 33331</b>	Mailing Address <b>4188 PINE RIDGE LN WESTON, FL 33331</b>
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2. Principal Place of Business - No P.O. Box # <b>1138 Cotton Court</b> Suite, Apt. #, etc.	3. Mailing Address <b>1138 Cotton Court</b> Suite, Apt. #, etc.
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City & State <b>Weston, FL</b>	City & State <b>Weston, FL</b>
Zip <b>33327</b>	Zip <b>33327</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

40000000



01192007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>SANCHEZ, ALVARO E 4188 PINE RIDGE LANE FORT LAUDERDALE, FL 33331</b>	
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7. Name and Address of New Registered Agent	
Name <b>Sanchez, Alvaro E.</b>	Applied For <input type="checkbox"/> Not Applicable
Street Address (P.O. Box Number is Not Acceptable) <b>1138 Cotton Court</b>	
City <b>Weston, FL</b>	Zip Code <b>33327</b>

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 <b>X</b> <i>[Signature]</i> Signature typed or printed name of registered agent and title if applicable	DATE <b>03/27/07</b> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SANCHEZ SILVA, ALVARO EDUARDO</b> <b>4188 PINE RIDGE LANE</b> <b>WESTON, FL 33331</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D.</b> <b>Sanchez Silva, Alvaro Eduardo</b> <b>1138 Cotton Court</b> <b>Weston, FL 33327</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>QUINONES AGUILAR, CONSUELO M. J</b> <b>4188 PINE RIDGE LANE</b> <b>FORT LAUDERDALE, FL 33331</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.D.</b> <b>Quinones Aguilar, Consuelo M. J.</b> <b>1138 Cotton Court</b> <b>Weston, FL 33327</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 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 empowered 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 like empowered.

SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>03.27.07</b>	DAYTIME PHONE # <b>954.385.0681</b>
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