2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007 8:00 am
Secretary of State
08-06-2007 90033 018 ***550.00

DOCUMENT # P01000095603

1. Entity Name
JNR PETROLEUM, INC.

Principal Place of Business
1747 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415 US

Mailing Address
C/O DAVID QUINT
10239 N CIRCLE LAKE DR #202
BOYNTON BEACH, FL 33437 US

01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1146873
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAMERGL, JACOB
12644 LITTLE PALM LANE
BOCA RATON, FL 33428

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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 _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND/OR DIRECTORS

TITLE	PD
NAME	DAMERGL, JACOB
STREET ADDRESS	12644 LITTLE PALM LN
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	TDS
NAME	ROZENBERG, MICHAEL
STREET ADDRESS	12650 LITTLE FARM LANE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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, to be all other like empowered.

SIGNATURE: _____ 7/20/07 561-883-7984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number