2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 23, 2006 08:00 AN **DOCUMENT # P01000100862 Secretary of State** 1. Entity Name VIVEX PETROLEUM, INC. Principal Place of Business Mailing Address 20490 OLD CUTLER RD. 20490 OLD CUTLER RD. MIAMI FL 33189 MIAMI FL 33189 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 65-1152834 Not Appliced Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KATSOULIS, JOHN 20490 OLD CUTLER RD. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33189 City Zip 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 Signature Typed or printed name of registered age i and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 10. ☐ Change Addition TITLE ☐ Delete TITLE NAME KATSOULIS, JOHN NAME 000000394350 01/26/06-80007-005 150.00 20490 OLD CUTLER RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33189 CITY-ST-ZIP Change ۷D Delete Addition TITLE TITLE NAME KATSOULIS, GEORGE MAME STREET ADDRESS 20490 OLD CUTLER RD. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33189 CITY-ST-ZIP ☐ Salete TITLE TITLE ☐ Change - 🔲 Addilic NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Defete TITLE T ALC: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TI ALLESS. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP TITLE Delete THLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the 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 expowered 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 accurate like empowered.

Daytime Phone #