


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90112 008 \*\*\*150.00

<b>DOCUMENT # P02000044884</b>	
1. Entity Name <b>COMMERCIAL PETRO ENTERPRISES, INC.</b>	

Principal Place of Business <b>8800 SW 104 ST. MIAMI, FL 33176</b>	Mailing Address <b>8800 SW 104 ST. MIAMI, FL 33176</b>
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2. Principal Place of Business <b>2401 NW 30th Avenue</b>	3. Mailing Address <b>2401 NW 30th Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02022005 Chg-P CR2E034 (10/03)

City & State <b>Miami FL</b>	City & State <b>Miami FL</b>
Zip <b>33142</b>	Zip <b>33142</b>
Country	Country

4. FEI Number <b>03-0451175</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>PEQUENO, MILADY 8800 SW 104 ST. MIAMI, FL 33176</b>	

7. Name and Address of New Registered Agent	
Name <b>Joe B. Cox c/o Cox &amp; Nici</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1185 ImmoKalee Rd. Suite 110</b>	
City <b>Naples</b>	FL Zip Code <b>34110</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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEQUENO, TOMAS 8800 SW 104 ST. MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEQUENO, GLADYS 8800 SW 104 ST. MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEQUENO, MILADY 8800 SW 104 ST. MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVST Tomas Pequeno Jr. 2401 NW 30th Ave Miami FL 33142 <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby 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 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: 	<b>Tomas Pequeno Jr.</b>	Date: <b>1/21/05</b>	Daytime Phone # _____
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