2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000068483 03-21-2005 90090 029 ***150.00 1. Entity Name MIAMI GARDENS PETROLEUM ENTERPRISES, INC. Principal Place of Business Mailing Address 20022822 8800 SW 104 ST 8800 SW 104 ST MIAMI, FL 33160 MIAMI, FL 33160 2. Principal Place of Business 2401 NW 3041 3. Mailing Address 30th Ave Ave ayoi NW Suite, Apt. #, etc. Suite, Apt. #, etc. 02032005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 54-2064155 Not Applicable Country Country \$8.75 Additional 33142 33140 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ___ 6. Name and Address of Current Registered Agent Name PEQUENO, TOMAS Street Ad Joe B. Cox, c/o Cox & Nici 8800 SW 104 ST 1185 Immokalee Rd., Suite 110 MIAMI, FL 33160 Naples, FL 34110 City Zip Code 8. The above named entity subnits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITEF Delete TITLE ☐ Change PEQUENO, TOMAS NAME NAME STREET ADDRESS 8800 SW 104 ST STREET ADDRESS MIAMI, FL 33160 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition PEQUENO, GLADYS NAME NAME STREET ADDRESS 8800 SW 104 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33160 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition D, P, V, T, S NAME NAME Tomas Pequeno, Jr. 2401 NW 30th Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33142 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 12. I hereby certify that the indicated on this report brmation 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 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 ceiver 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 atta

FILED

Mar 21, 2005 8:00 am