

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90050 015 ***150.00

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1. Entity Name
PETROPOWER AMERICA, INC.



Principal Place of Business
**402 HIGH POINT DR
COCOA, FL 32926**

Mailing Address
**402 HIGH POINT DR Suite 201
COCOA, FL 32926**

94032487



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3861663

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHAH, RAJENDRA R
402 HIGH POINT DR
COCOA, FL 32926**

**DO NOT WRITE
IN THIS SPACE**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SHAH, RAJENDRA R
STREET ADDRESS	402 HIGH POINT DR
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	PATEL, SANDEEP
STREET ADDRESS	1999 BUCKHEAD CT
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	SHAH, NILESH
STREET ADDRESS	4802 SOLITARY DR
CITY-ST-ZIP	ROCKLEDGE, FL 32953
TITLE	D
NAME	SHAH, RAJESHKUMAR B
STREET ADDRESS	3040 ALOMA AVE
CITY-ST-ZIP	WINTER PARK, FL 32792

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/04

321-690-0807