2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT		7
DOCUMENT # P02000108950		
1. Entity Name PETRO SALES & EXPORT, INC.		05 MAY -2 /// 10: 50
	A SERVICE	THE TABLE OF THE STATE OF THE S
Principal Place of Business Mailing Address		Transfer to the first transfer transfer to the first transfer tran
10050 S.W. 104TH ST.		
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2. Principal Place of Business 2 AVC 3. Mailing Address NW 82 AVC 1995 NW	2VA 18 C	
Suite Apr. #, etc.	5	04292005 Chg-P CR2E034 (10/03) 05
Miomi, Florida Miomi, F	torida	4. FEI Numb 20 - 2758340 Applied For Not Applicable
33100 Country まさいし	Country	5. Certificate of Status Desired See Required
Name and Address of Current Registered Agent	N	7. Name and Address of New Registered Agent
ESPINEL, ARMANDO	Name	
10850 S.W. 104TH ST. MIAMI, FL 33176	Street Address ((P.O. Box Number is Not Acceptable)
110/110, 12 33/70-2	6995	NW 82 AVC - Suite 45
	City Mic	ami FL 当然VV
The above named entity submits (its statement for the purpose of changing its the obligations of registered agent.	registered office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typeofor pripage famo of registered agent and title if applicable. (NOTE	Registered Agent signature required	d when reinstating) DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campai		.00 May Be ded to Fees
10. OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD Delicite	III E	Change Addition
NAME AROSEMENA, BERNARDO STREET ADDRESS 999 BRICKELL AVE. SLUTE 503	NAME STREET ADDRESS	15 NW 82 AVE - Suite 45
CITY-ST-ZIP MIAIMI, FL 33131		ami, FL 33166
TITLE Delete	. TITLE NAME	Change Addition
STREET ADDRESS	STREET ADDRESS	
CITY-SI-ZIP TITLE Delete	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Delete	NAME	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	500054671675 05/17/0501028013 **450.00
TITLE Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	NAME STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	NAME STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZiP	
TITLE Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	
12. I hereby certify that the information supplied with this filing does not qualify for	the exemption stated in Se	ection 119.07(3)(i). Florida Statutes further certify that the information
12. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that n of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.	as required by Chapter 60	same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE:		
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #		