2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 26, 2004 08:00 AM **DOCUMENT # P02000123554** Secretary of State PETRO AMERICA PETROLEUM, INC. Principal Place of Business Mailing Address 6221 WEST ATLANTIC BLVD 6221 WEST ATLANTIC BLVD MARGATE, FL 33063 MARGATE, FL 33063 01192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-4226325 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QURESHI, DENISE DO NOT WRITE 6221 WEST ATLANTIC BLVD MARGATE, FL 33063 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 algosature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be 000000013611 Trust Fund Contribution. Added to Fees 01/26/04-80060-017 158.75 10. OFFICERS AND DIRECTORS TITLE QURESHI, DENISE NAME STREET ADDRESS 6221 WEST ATLANTIC BLVD CITY-ST-ZIP MARGATE, FL 33063 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE wite the second NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ishi 1-23-

954-977-9728

FILED