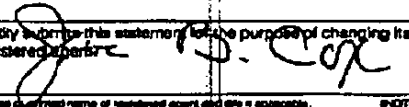
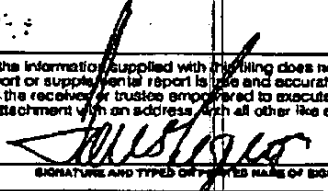


FILED
Mar 11, 2005 8:00 am
Secretary of State

02-08-2005 90004 033 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000028543			
1. Entity Name 27TH AVENUE PETROLEUM ENTERPRISES #144 INC.			
Principal Place of Business 8800 S.W. 104TH ST. MIAMI, FL 33176		Mailing Address 8800 S.W. 104TH ST. MIAMI, FL 33176	
2. Principal Place of Business 2401 NW 30th Ave		3. Mailing Address 2401 NW 30th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33142	Country	Zip 33142 Country	
4. FEI Number APPLIED FOR 03-05/0224		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ARAZOZA & FENANDEZ-FRAGA P.A. 2100 SALZEDO ST., STE. 300 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: Joe B. Cox c/o Cox & Nici Street Address (P.O. Box Number is Not Acceptable) 1185 Immokalee Rd Suite 110 City: Naples FL Zip Code: 34110	
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 registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PVSD PEQUENO, GLADYS 8800 S.W. 104TH ST. MIAMI, FL 33176			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		D.P.V.S.T. Tomas Pequeno Jr. 2401 30th Ave Miami FL 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with nothing 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: 		Tomas Pequeno Jr.	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		Date Daytime Phone #	

66004158



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