

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040304

Entity Name: SST OIL CORPORATION

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1190 MISSOURI AVE
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

1190 MISSOURI AVE
LARGO, FL 33770

New Mailing Address:

FEI Number: 56-2342066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHEW, MAGIE
7832 AMBER COURT
SEMINOLE, FL 33722 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUKOSE, JOMON
Address: 1832 SURREY COURT
City-St-Zip: VIERA, FL 32955

Title: VD () Delete
Name: KUNNATH, JOSE
Address: 9306 N. PARKSIDE DRIVE
City-St-Zip: DESPLAINS, IL 60016

Title: DS () Delete
Name: MATHEW, MAGIE
Address: 7832 AMBER COURT
City-St-Zip: SEMINOLE, FL 33722

Title: DT () Delete
Name: THOMAS, ANISHA
Address: 1190 MISSOURI AVE
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOMON LUKOSE

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date