


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90189 037 ***150.00

DOCUMENT # P03000060571 1. Entity Name PETRO REALESTATE HOLDING INC.	
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Principal Place of Business 1260 NW 74 ST MIAMI, FL 33147	Mailing Address 1260 NW 74 ST MIAMI, FL 33147
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DO NOT WRITE IN THIS SPACE



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2368334	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, RUBEN F
1260 NW 74 ST
MIAMI, FL 33147

**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]* DATE 04-23-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, RUBEN F 1260 NW 74 ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AYALA, MARTHA 1260 NW 74 ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARIF, MOHAMED 17352 SW 18 ST MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* Date 04/23/08 Daytime Phone # 7864433563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR