


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90043 015 \*\*\*150.00

**DOCUMENT # P03000075361**  
 1. Entity Name  
 874 PETROLEUM ENTERPRISES, INC.



Principal Place of Business: 8800 S.W. 104TH STREET, MIAMI, FL 33176  
 Mailing Address: 8800 S.W. 104TH STREET, MIAMI, FL 33176

**50030888**



2. Principal Place of Business: 2401 NW 30th Ave  
 Suite, Apt. #, etc.  
 3. Mailing Address: 2401 NW 30th Ave  
 Suite, Apt. #, etc.

02072005 Chg-P CR2E034 (10/03)

City & State: Miami FL  
 Zip: 33142 Country: [Blank]  
 City & State: Miami FL  
 Zip: 33142 Country: [Blank]

4. FEI Number: APPLIED FOR 72-1569210  
 Applied For: [X] Not Applicable: [ ]  
 5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:  
 ARAZOZA & FERNANDEZ-FRAGA P.A.  
 2100 SALZEDO STREET, SUITE 300  
 CORAL GABLES, FL FL331-34

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: Joe B. Cox (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PEQUENO, TOMAS 8800 S.W. 104TH STREET MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, V, ST 2401 NW 30th Ave, Miami, FL 33142 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tomas Pequeno, Jr. **Tomas Pequeno, Jr. President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #