2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Mar 16, 2007 08:00 AN Secretary of State DOCUMENT # P03000097760 t. Entity Namo TANKER OIL CORPORATION Principal Place of Business Mailing Address 7950 NORTHWEST 58 STREET P.O. BOX 563097 DORAL FL 33166 MIAMI FL 33156-3097 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 41-2108218 Not Applicable Zip Country Zin Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHNSTON, STEVEN W Street Address (P.O. Box Number is Not Acceptable) 7950 NORTHWEST 58 STREET **DORAL FL 33166** City Zip Code 3. 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 agor STEVE John Sten SIGNATURE name of registered agent and little i applicable. (NOTE, Registered Agent signatum required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 11111 Delete IIILE ☐ Change JOHNSTON, STEVEN W NAMI NAME P.O. BOX 563097 U00000669003 STREET ADORESS STREET ADDRESS MIAMI FL 33156-3097 03/27/07-80053-023 150.00 CITY SI /IP CHY SE 782 HILE Delete Change Addition PEREZ, EUGENIO NAME HAMI STREET LADDRESS P.O. BOX 563097 SIRELL ADDRESS MIAMI FL 33156-3097 CITY SI ZIP CRY ST- RP 11111 Change ☐ Delete HILL Addition NAME NAMI STAFFT ADDRESS SHILL LADDRESS CITY - ST-ZIP CITY SE-ZIP Addilion ☐ Delete IDIE Chance NAMI NAME STEEL LADDERSS SITUS LADDRESS CHY SEZIP CITY SEZIP ☐ Delete ☐ Change ☐ Addition IIII MAME NAM STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY SI-ZIP IIIL ☐ Delete IIIII ☐ Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY ST-ZIP City-St-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath, that I am an officer or director of the corporation or the receiver of 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.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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