


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90047 046 \*\*\*150.00

DOCUMENT # P06000082152		
1. Entity Name OLEODUCTOS PREMIER DE NICARAGUA USA, INC.		

Principal Place of Business 33920 US 19 NORTH SUITE 170 PALM HARBOR, FL 34684	Mailing Address 33920 US 19 NORTH SUITE 170 PALM HARBOR, FL 34684
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2. Principal Place of Business - No P.O. Box # 34770 US HWY 19 N	3. Mailing Address 34770 US HWY 19 N
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PALM HARBOR FL	City & State PALM HARBOR FL
Zip 34684	Country
Country	Zip 34684

6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER PA C/O RICHARD JACOBSON 501 E KENNEDY BLVD SUITE 1700 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable	DATE: JAN 31 / 08 (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOJCIK, RICHARD 33920 US 19 NORTH SUITE 170 PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34770 US HWY 19 N PALM HARBOR FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEROUX, GERALD 33920 US 19 NORTH SUITE 170 PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34770 US HWY 19 N PALM HARBOR FL 34684
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
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

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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: JAN 31 / 08 Daytime Phone #: 727 776 3020

40017223



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4. FEI Number 20-5064440	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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