2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 18, 2008 8:00 am Secretary of State DOCUMENT # P06000092438 04-18-2008 90039 039 ***150 00 S.O.B. PETROLEUM INVESTMENT CORP. Principal Place of Business Mailing Address 40072036 1531 NW 178TH TERRACE 1531 NW 178TH TERRACE PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032008 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 20-5274558 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent banas CABANAS & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26TH STREET SUITE C-201 - STe. MIAMI, FL 33172 Zip Code 33/72 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. (NOTE: Registered Agent signature required when reinstating) ed name of registered agent and title if applicable Signature) pred or pri \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! PEP IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Pr. -TN. Change Addition PST TITLE TITLE ☐ Delete Ovidio Benitez, Ovidio 1531 NW 178 Textace BENITEZ, SONIA NAME NAME 1531 NW 178TH TERRACE STREET ADDRESS STREET ADDRESS Pembroke Pines Fl CITY-ST-7IP CITY-ST-ZIP-PEMBROKE PINES, FL 33029 33029 ☐ Addition V. P. S. TITLE **BST** Delete TITLE BeniTez, Sonia BENITEZ, SONIA NAME NAME 1531 NW 178 TERRACE PEMBRONE Pines, E STREET ADDRESS **1531 NW 178TH TERRACE** STREET ADDRESS PEMBROKE PINES, FL 33029 CITY_ST_7IP Pembroke_ 33029 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 thefree-ever 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 of 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that I am an officer or director of the corporation or thefree ever 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 chapter 119, Florida Statutes is a supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes.

FILED

Ovidio BeniTez

NINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: