## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000094669

Entity Name: PETROPARTS AND EQUIPMENT, CORP.

FILED Jan 27, 2009 Secretary of State

Current Pr	incipal Place	of Business:	New Princi	New Principal Place of Business:				
1155 BRICH APT. 3107 MIAMI, FL	KELL BAY DRI 33131	VE	SUITE M	8880 NW 20TH STREET SUITE M MIAMI, FL 33172				
Current Ma	ailing Address	<b>s:</b>	New Mailin	New Mailing Address:				
1155 BRICH APT. 3107 MIAMI, FL	KELL BAY DRI' 33131	VE	8880 NW 20 SUITE M MIAMI, FL 3	OTH STREET 33172				
FEI Number:	26-3575552	FEI Number Applied For ( ) FE	l Number Not Appli	cable ( )	Certificate of Status Desired (X)			
Name and	Address of C	urrent Registered Agent:	Name and	Address of N	lew Registered Agent:			
PALACIO, C 1155 BRICH APT. 3107 MIAMI, FL	KELL BAY DRI	VE	8880 NW 20 SUITE M	PALACIO, JOHN 8880 NW 20TH STREET SUITE M MIAMI, FL 33172 US				
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.								
SIGNATURE:					01/27/2009			
	Electroni	c Signature of Registered Agent			Date			
Election Cam	Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PALACIO, JOHN	BAY DRIVE APT 3107	Title: Name: Address: City-St-Zip:	LAFONTANT, G	STREET, SUITE M			
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	MEJIA, DANIEL	STREET, SUITE 760			
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	PALACIO, JOH	STREET, SUITE M			
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	BARRERA, JUA	STREET, SUITE M			
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	VACA, GUSTAV	STREET, SUITE M			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGES LAFONTANT	PD	01/27/2009
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