


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90068 034 ***150.00

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| DOCUMENT # P94000054154 | |  | |
| 1. Entity Name WESTERN OIL CORPORATION | | | |
| Principal Place of Business 8323 NW 12TH STREET SUITE 104-B DORAL FL 33126 US | | Mailing Address 8323 NW 12TH STREET SUITE 104-B DORAL FL 33126 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 11767 S. Dixie Hwy | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. #176 | |
| City, State Coconut Gables, Florida | | City & State Pinecrest | |
| Zip 5 | Country | Zip FL | Country 33156 |
| 6. Name and Address of Current Registered Agent REISS, ALLAN S ESQ 1110 BRICKELL AVENUE SEVENTH FLOOR MIAMI FL 33131 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 registering) | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P ARRIZURIETA, JORGE 8323 NW 12TH STREET, SUITE 104-B DORAL FL 33126 | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 11767 S. Dixie Hwy #176 Pinecrest, FL 33156 |
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1st MOORE CR2E034 (10/06)

4. FEI Number **65-0506050** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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 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  **2/28/07** **500/06823**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #