

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90058 030 \*\*\*150.00

<b>DOCUMENT # P97000052968</b>					
<b>1. Entity Name</b> PETROLEUM FORCE, INC.					
<b>Principal Place of Business</b> 2401 NW 30TH AVE MIAMI, FL 33142			<b>Mailing Address</b> 2401 NW 30TH AVE MIAMI, FL 33142		
<b>2. Principal Place of Business</b> 4475 NW 22 <sup>nd</sup> Ave Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4475 NW 22 <sup>nd</sup> Ave Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami FL		<b>City &amp; State</b> Miami FL		<b>4. FEI Number</b> 65-0779904	
<b>Zip</b> 33167		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  COX, JOE B C/O COX & NICI 1185 IMMOKALEE RD SUITE 110 NAPLES, FL 34110			<b>7. Name and Address of New Registered Agent</b> Name: <u>Juan Gutierrez</u> Street Address (P.O. Box Number is Not Acceptable): 4475 NW 22 <sup>nd</sup> Avenue City: <u>Miami</u> <u>FL</u> Zip Code: <u>33167</u>		
<b>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.</b>  SIGNATURE: <u>[Signature]</u> DATE: <u>2/8/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input checked="" type="checkbox"/> Delete PEQUENO, THOMAS 2401 NW 30TH AVE MIAMI, FL 33142		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Juan Gutierrez 4475 NW 22 <sup>nd</sup> Ave Miami, FL 33167	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/8/06 <small>Date Daytime Phone #</small>		