2005 FOR PROFIT CORPORATION

Apr 27, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P98000068346 04-27-2005 90300 005 ***150.00 1. Entity Name PETROLEUM HAULERS, INC. Principal Place of Business Mailing Address 6950 RALEIGH STREET 6950 RALEIGH STREET HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 04052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0856344 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAHARAJ, RADESH PERSAD DO NOT WRITE 6950 RALEIGH STREET HOLLYWOOD, FL 33024 IN THIS SPACE 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. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PSTD MAHARAJ, RADESH PERSAD NAME STREET ADDRESS 6950 RALEIGH STREET CITY-ST-ZIP HOLLYWOOD, FL 33024 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

NAME STREET ADDRESS CITY-ST-ZIP

> odes Versad - Mola SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-05

Daytime Phone #

FILED