


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90030 041 ***150.00

DOCUMENT # P98000088151	
1. Entity Name C.P. VEGETABLE OIL (FLORIDA) INC.	

Principal Place of Business 601 S.W. 21ST TERRACE #1 FT. LAUDERDALE FL 33312	Mailing Address 601 S.W. 21ST TERRACE #1 FT. LAUDERDALE FL 33312
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2. Principal Place of Business SAME		3. Mailing Address ✓	
Suite, Apt. #, etc. ✓		Suite, Apt. #, etc. ✓	
City & State ✓		City & State ✓	
Zip ✓	Country ✓	Zip ✓	Country ✓

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0878660		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PELLERIN, CHRISTIAN 928 NW 110 AVE PLANTATION FL 33324		7. Name and Address of New Registered Agent Name CLAUDE VINET Street Address (P.O. Box Number is Not Acceptable) 1890 S. OCEAN DR. #1807 HALLANDALE City FL. Zip Code FL 33009

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 **CLAUDE VINET Sec. Tre.** *CLAUDE VINET* DATE **Feb 06/2006**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete PELLERIN, CHRISTIAN 928 NW 110 AVE PLANTATION FL 33324	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST	<input type="checkbox"/> Delete VINET, CLAUDE 4001 S. OCEAN DR., # 6B HOLLYWOOD FL 33019	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *CLAUDE VINET* **CLAUDE VINET** **Feb 06/2006** **954-584-0420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #