2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000012982 02-03-2005 90049 030 ***150.00 1. Entity Name STERLING PETROLEUM ENTERPRISES, INC. Principal Place of Business Mailing Address 50010271 2401 NW 30 AVENUE 2401 NW 30TH AVE MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0902267 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEQUENO, TOMAS Street Address (P.O. Box Number is Not Acceptable) 2401 NW 30TH AVE. MIAMI, FL 33142 Zip Code City B. 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 agen SIGNATURE. Signature, typed or printed 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE **PSTD** ☐ Delete TITLE ☑ Change ■ Addition PEQUENO, TOMAS NAME NAME 2401 NW 30TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP TITS F ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-7IP COY-ST-ZIE ☐ Delete ☐ Change ■ Addition TITLE tti f NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITL F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 five 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 employered 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 attachme lomas TRAVENO SIGNATURE MINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

FILED Feb 03, 2005 8:00 am

Secretary of State