2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000016359

1. Entity Name
PETROLEUM ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5688 W FLAGLER ST	5688 W FLAGLER ST
MIAMI, FL 33134	MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

04302005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0920532	Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOEL
5688 W FLAGLER ST
MIAMI, FL 33134

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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 title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, JOEL
STREET ADDRESS	5688 W FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/05-80033-015 158.75

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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: ✗ _____ Joel Rodriguez   04-26-05

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