2008 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P99000016359

FILED Mar 21, 2008 08:00 Al **Secretary of State**

PETROLEUM ENTERPRISES, INC.



Principal Place of Business

5688 W FLAGLER ST MIAMI, FL 33134

Mailing Address

5688 W FLAGLER ST MIAMI. FL 33134



DO NOT WRITE IN THIS SPACE and the second of the second o

03142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0920532

Applied For 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

DO NOT WRITE

			likarie. Laranda	िक्षा कर्मा विश्वासीय है। इस स्था समितिकाली है जो की क्षेत्र कर दूर	The Control of the properties
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			Agent eignature	required when reinstating)	DATE
		9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000865567 04/07/08-80033-024 !58.75
10.	OFFICERS AND DIRECTORS			व्यक्षेत्र विश्वविद्यालय	" an other transfer of the standard that the warmen
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, JOEL 5688 W FLAGLER ST MIAMI, FL 33134				and the first that the second of the second
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		and the	Awan wood an marking a salah	And the second of the second o
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOTWRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Maria Maria Maria Maria Maria Maria Maria Maria Maria	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	gright and residence of the Sound of the residence in Sa William of the same in the sa William of the same in the same	A the state of the
TITLE NAME STREET ADDRESS CITY-ST-ZIP			The grant of the state of the s	the second of th	A CONTRACTOR OF THE PROPERTY O

12. I hereby certify that the information supplied with this filling 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 of 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 of the corporation of the corporation of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation of the corporation or the receiver of the corporation of

SIGNATURE: A

NAME OF SIGNING OFFICER OF DIRECTO