
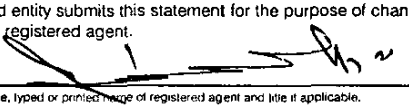
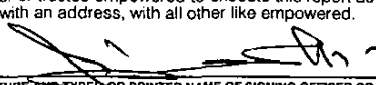


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90079 050 ***150.00

DOCUMENT # P99000017708 1. Entity Name PETRO USA CORPORATION					
Principal Place of Business 5125 BEACH BLVD. JACKSONVILLE, FL 32207			Mailing Address 5125 BEACH BLVD. JACKSONVILLE, FL 32207		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WARES, MIA 5125 BEACH BLVD. JACKSONVILLE, FL 32207				Name Jeetendra Shukla Street Address (P.O. Box Number is Not Acceptable) 2626 Clear Ct. City Jacksonville FL Zip Code 32207	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 2/28/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D WARES, MIA <input checked="" type="checkbox"/> Delete		TITLE	D Jeetendra Shukla <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARES, MIA		NAME	Jeetendra Shukla	
STREET ADDRESS	11341 ASTON HALL DR.		STREET ADDRESS	2626 Clear Ct.	
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP	Jacksonville FL 32207	
TITLE	D BANU, SHAHARA <input checked="" type="checkbox"/> Delete		TITLE		
NAME	BANU, SHAHARA		NAME		
STREET ADDRESS	11341 ASTON HALL DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 2/28/05 <small>Date</small>	
				DAYTIME PHONE # <small>Daytime Phone #</small>	