

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000013306

Entity Name: AMSU PETRO INC

FILED
Mar 14, 2009
Secretary of State

Current Principal Place of Business:

2182 SW NEWPORT ISLES BLVD
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

1155 MARTIN DOWNS BLVD
PALM CITY, FL 34990

Current Mailing Address:

2182 SW NEWPORT ISLES BLVD
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 26-1905101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPAI, SURESH
2182 SW NEWPORT ISLES BLVD
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KAPAI, SURESH
Address: 2182 SW NEWPORT ISLES BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VPST () Delete
Name: HANDA, AMIT
Address: 2182 SW NEWPORT ISLES BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SURESH KAPAI

PRES

03/14/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date