


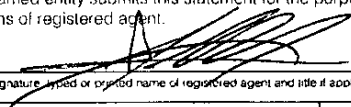
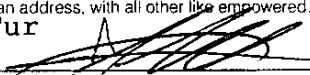
# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

06 MAY 17 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PSK*

DOCUMENT # P01000081466					
1. Entity Name NATIONAL PETROLEUM MARKETING INC.					
Principal Place of Business 6368 NW 173 ST MIAMI, FL 33015			Mailing Address 6368 NW 173 ST MIAMI, FL 33015		
2. Principal Place of Business 3699 N.W. 54th St.		3. Mailing Address 1011 N.W. 93 Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hialeah, FL		City & State Pembroke Pines, FL		4. FEI Number 26-0003436	
Zip 33142		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33024		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  TUR, GUSTAVO 6368 NW 173 ST MIAMI, FL 33015			7. Name and Address of New Registered Agent Name Jose Tur Street Address (P.O. Box Number is Not Acceptable) 1011 N.W. 93 Avenue City Pembroke Pines FL Zip Code 33024		
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  DATE 5/11/06 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to fees 400075548804 5/31/06--01018--002 **\$61.25			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARVAJAL, DEYANIRA 6368 NW 173 ST MIAMI, FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S Tur, Jose 1011 N.W. 93 Avenue Pembroke Pines, FL 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing 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 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. Jose Tur SIGNATURE:  DATE 5/11/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

305-6384114