2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000111954 1. Entity Name JET PETROLEUM ENTERPRISES, INC. 2007 AUG 20 AM 9: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4511 EAST HILLSBOROUGH AVENUE 4511 EAST HILLSBOROUGH AVENUE TAMPA, FL 33610 TAMPA, FL 33610 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08102007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3758598 Not Applicable Zio Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAMDALLAH, FARHAN Street Address (P.O. Box Number is Not Acceptable) 4511 EAST HILLSBOROUGH AVENUE TAMPA, FL 33610 City Zip Code FL 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 titlo it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change TITLE Delete TITLE ☐ Addition 500108749855 08/23/07--01011--008 **61. NAME HAMDALLAH, FARHAN NAME 4511 EAST HILLSBOROUGH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33610 CITY-ST-ZiP NAJID JUDEH 15428 Montilla Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS MYG FL 33625 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 changed, or on an attachment with an address, with all other like empowered.

FILED