2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000066816

KHAN, JHARNA

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10108 EL PARAISO PLACE

DELRAY BEACH, FL 33446

10108 EL PARAISO PLACE

DELRAY BEACH, FL 33446

KHAN, MOHAMMED D

(X) Delete

Name:

Title:

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Address:

City-St-Zip:

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FILED Aug 03, 2009 Secretary of State

Entity Name: AZIZ PETROLEUM, INC. **Current Principal Place of Business: New Principal Place of Business:** 770 N KROM AVE HOMESTEAD, FL 33030 **Current Mailing Address: New Mailing Address:** 770 N KROM AVE HOMESTEAD, FL 33030 FEI Number: 41-2048729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HASSAN, ABDULLA 770 N KROM AVE HOMESTEAD, FL 33030 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LUTFAR, BHUIYAN R LUTFAR, BHUIYAN R Name: Name: 151 SE 8 ST #213 151 SE 8 ST #213 Address: Address: City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: HOMESTEAD, FL 33030 Title: Title: () Delete () Change () Addition Name: HASSAN, ABDULLA Name: 1625 NW 14 TERR Address: Address: HOMESTEAD, FL 33030 City-St-Zip: City-St-Zip: Title: Title: DS () Delete () Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: BHUIYAN LUTFAR P 08/03/2009

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