2008 FOR PROFIT CORPORATION

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

May 22, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P03000067328** 05-22-2008 90020 023 ***150 00 JACKSON-UNITED PETROLEUM CORPORATION Principal Place of Business Mailing Address 5800 NW 74TH AVE 5800 NW 74TH AVE MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business - No P.O. Box # 229 - 28 Sheet 3. Mailing Address 229 - 28 1 Sheet Suite, Apt. #, etc. Suite, Apt. #, etc. 03232008 CR2E034 (12/06) Cho-P With & State City & State 4 FELNumber Applied For WEST Poly BEACH, FLONIDS 41-2107302 Not Applicable 33407 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired **USP** USA 33407 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Juan Diaz, Esq. DIAZ, JUAN ESQ. Street Address (P.O. Box Number is Not Acceptable) 5800 NW 74TH AVE. MIAMI, FL 33166 515 Nouth flaster DR., Fifth Floor Zip Code 33401 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. Mhy 23, 2007 Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! REE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Addition ☐ Delete TITLE NAME BARED, JOSE P NAME 1800) old Kutter Road, Suite 370 STREET ADDRESS 5800 NW 74TH AVE STREET ADDRESS Palmello Bby, FL 33157 CITY - ST- ZIP MIAMI, FL 33166 CITY-ST-ZIP EUP/GENERAL COURSE TITLE ☐ Delete TITLE Change ☐ Addition DIAZ, JUAN NAME 229 - 284 steel 5800 NW 74TH AVE. STREET ADDRESS STREET ADDRESS WEST Poly BEACH, FL 33407 MIAMI, FL 33166 CITY-ST-ZIP CITY - ST - ZIP TIT1E ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE

FILED

☐ Addition

☐ Addition

☐ Change

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 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ Delete

SIGNATURE:	Mny 23, 2008	305-951-4203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #