2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000083283

Entity Name: LETAP COMBUSTIBLE, INC.

FILED Jul 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3691 WINKLER AVE EXT 4561 COLONIAL BLVD

827 FORT MYERS, FL 33912 US

FORT MYERS, FL 33916 US

Current Mailing Address: New Mailing Address:

3691 WINKLER AVE EXT 4561 COLONIAL BLVD

827 FORT MYERS, FL 33916 US

FEI Number: 20-1161630 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:

PETER J. JAENSCH IMMIGRATION LAW FIRM P.A.
2198 MAIN STREET
SARASOTA, FL 34237 US
ESQ LEONARD LISZEWSKI
2110 CLEAVELAND AVE
FORT MYERS, FL 33901 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: LEONARD LISZEWSKI 07/26/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 SOLANKI, VIJAYKUMAR H
 Name:
 PATEL, SHARIFAH H

 Address:
 3691 WINKLER AVE EXR
 Address:
 305 RIDGE LANE

 City-St-Zip:
 FORT MYERS, FL 33916 US
 City-St-Zip:
 DOUGLAS, GA 31533 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 SOLANKI, KIRTI V DR
 Name:
 PATEL, LIYAKAT A

 Address:
 3691 WINKLER AVE EXT
 Address:
 10311 NW 11TH STREET

 City-St-Zip:
 FORT MYERS, FL 33916 US
 City-St-Zip:
 PLANTATION, FL 33322 US

Title: () Delete Title: S () Change (X) Addition

 Name:
 Name:
 PATEL, BHAVESH

 Address:
 Address:
 2047 HEMILTON AVENUE

 City-St-Zip:
 City-St-Zip:
 JENNINGS, FL 32053 US

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 PATEL, FARZANA

 Address:
 Address:
 10311 NW 11TH STREET

 City-St-Zip:
 City-St-Zip:
 PLANTATION, FL 33322 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LIYAKAT PD 07/26/2005