2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103844

Entity Name: GASLINK, INC

FILED Aug 16, 2004 Secretary of State

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

4982 OKEECHOBEE BLVD 3396 TAMIAMI TRAIL EAST WEST PALM BEACH, FL 33417

NAPLES, FL 34112

Current Mailing Address: New Mailing Address:

4982 OKEECHOBEE BLVD 3396 TAMIAMI TRAIL EAST WEST PALM BEACH, FL 33417 NAPLES, FL 34112

FEI Number: 65-1146831 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:

LAVERDE, ASTRID LAVERDE, ASTRID 15160 NW 7TH ST 133 SARATOGA BLVD EAST

WEST PALM BEACH, FL 33411 US PEMBROKE PINES, FL 33028 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: ASTRID LAVERDE 08/16/2004

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LAVERDE, FREDDY LAVERDE, FREDDY Name: Name:

133 SANALOGA BLVD EAST 3396 TAMIAMI TRAIL EAST Address: Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: NAPLES, FL 34112

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

Name: LAVERDE, ASTRID Name: LAVERDE, ASTRID 133 SARATOGA BLVD EAST Address: 3396 TAMIAMI TRAIL EAST Address: NAPLES, FL 34112 ROYAL PALM BEACH, FL 33411 City-St-Zip: City-St-Zip:

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.

VΡ SIGNATURE: ASTRID LAVERDE 08/16/2004