

APPROVED AND FILED 1072

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06 MAY 22 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000117713

1. Entity Name

LP GAS OF FLORIDA INC.



DO NOT WRITE IN THIS SPACE

RESTATEMENT 04-06 JSC

2. Principal Place of Business

7225 NW 25TH ST

Suite, Apt. #, etc.

SUITE 300

City & State

MIAMI FL

Zip

33122

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name FABIAN HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)

7225 NW 25TH ST SUITE 300

City MIAMI

FL

Zip Code

33122

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 of the registered agent and the applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

100075561441
05/31/06--01033--008 **450.00

January 1 - May 31 Fee is \$150.00

After May 1, Fee is \$250.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FABIAN HERNANDEZ
STREET ADDRESS 7225 NW 25TH ST SUITE 300
CITY-ST-ZIP MIAMI FL 33122

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phrase #

CFR2E034B (12/02)

202

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2004-2006 or any other notice from the Division of Corporations in respect with the Corporation **LP GAS OF FLORIDA, INC.**

Thank you for your courtesy in this matter.


FABIAN HERNANDEZ
PRESIDENT