

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132985

Entity Name: MID FLAGLER U-GAS INC

FILED
Feb 09, 2007
Secretary of State

Current Principal Place of Business:

4690 W FLAGLER ST
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

4690 W FLAGLER ST
MIAMI, FL 33134

New Mailing Address:

14989 SW 22 ST.
MIAMI, FL 33185

FEI Number: 20-5746270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBLES, RAMON
4690 W FLAGLER ST
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBLES, RAMON
Address: 4690 W FLAGLER ST
City-St-Zip: MIAMI, FL 33134

Title: VS () Delete
Name: ROBLES, BIANKA
Address: 4690 W FLAGLER ST
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: ROBLES, RAMON
Address: 14989 SW 22 ST.
City-St-Zip: MIAMI, FL 33185

Title: VS (X) Change () Addition
Name: ROBLES, BIANKA
Address: 14989 SW 22 ST
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: RAMON ROBLES

PTD

02/09/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date