

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K70923

Entity Name: MEDLEY GAS COMPANY

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

1060 SW 27TH AVENUE
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1060 SW 27TH AVENUE
MIAMI, FL 33135

New Mailing Address:

FEI Number: 65-0107718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOUZ, LOUIS
7522 WILES RD STE 102
CORAL SPRINGS, FL 33067 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: DP () Delete
Name: GOUZ, HOWARD
Address: 1060 SW 27TH AVE.
City-St-Zip: MIAMI, FL

Title: V () Delete
Name: GOUZ, LOUIS
Address: 7522 WILES RD STE 102
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S () Delete
Name: GOUZ, LAURA
Address: 1060 S.W. 27TH AVENUE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LAURA GOUZ

S

01/13/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date