


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90041 008 ****50.00

DOCUMENT # L03000035099	
1. Entity Name NAT GAS STATION, LLC	

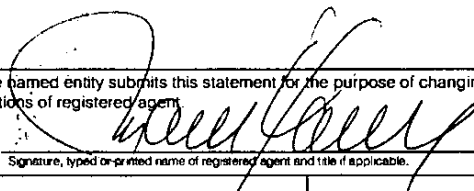
Principal Place of Business 17080 NW 7 AVENUE EXT MIAMI, FL 33169	Mailing Address 17080 NW 7 AVENUE EXT MIAMI, FL 33169
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2. Principal Place of Business - No P.O. Box # 17700 NW 2nd Ave	3. Mailing Address 17700 NW 2nd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL	City & State Miami, FL
Zip 33169	Zip 33169
Country USA	Country USA

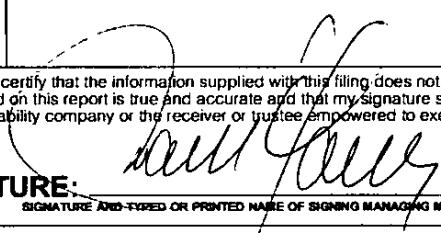
6. Name and Address of Current Registered Agent RODON-ALVARÈS, MARY LOU 2222 PONCE DE LEON BLVD., PENTHOUSE MIAMI, FL 33134	
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7. Name and Address of New Registered Agent Name MAURICIO ECHAVARRIA Street Address (P.O. Box Number is Not Acceptable) 12898 SW 31 St - Unit 148 City MIRAMAR FL Zip Code 33027	
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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 	DATE 4/25/07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECHAVARRIA, MAURICIO 17080 NW 7 AVENUE EXT MIAMI, FL 33169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECHAVARRIA MAURICIO 17700 NW 2nd AVE Miami, FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	DATE 4/25/07