

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M73717

1. Entity Name

ARTHUR GODFREY ROAD GAS, INC.



Principal Place of Business

508 ARTHUR GODFREY RD.
MIAMI BEACH, FL 33140

Mailing Address

C/O IVAN A GOMEZ PA
601 BRICKELL KEY DRIVE STE 507
MIAMI, FL 33131



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0037686

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

IAG CORPORATE SERVICES INC
601 BRICKELL KEY DRIVE
SUITE 507
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTELLON, OSCAR 508 ARTHUR GODFREY RD. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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1000000110252
04/12/04-80075-011 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR CASTELLON, President

3/30/04
Date

(305) 371-9213
Daytime Phone #