


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M73717</b> 1. Entity Name ARTHUR GODFREY ROAD GAS, INC.	
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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
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02102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0037686	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  IAG CORPORATE SERVICES INC 601 BRICKELL KEY DRIVE SUITE 507 MIAMI, FL 33131
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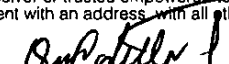
<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLON, OSCAR 508 ARTHUR GODFREY RD. MIAMI BEACH, FL
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<p>UD0000684328 04/06/07-80052-011 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. 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 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: 	Date: _____	Daytime Phone #: (305) 371-9213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Oscar Castellon, Director		