## **2008 FOR PROFIT CORPORATION**

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## Apr 28, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P00000019565** AROUND THE CLOCK GAS SERVICE CORP. Principal Place of Business Mailing Address 13117 NW 107 AVE. 13117 NW 107 AVE. N 17 N 17 HIALEAH, FL 33018 HIALEAH, FL 33018 US 04232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0987298 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GONZALEZ, AMAURY DO NOT WRITE 13117 NW 107 AVE. NO. 17 IN THIS SPACE HIALEAH GARDENS, FL 33018 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 bits if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution \* After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TOTLE GONZALEZ, AMAURY NAME STREET ADDRESS 13117 NW 107 AVE., NO 17 HIALEAH GARDENS, FL 33018 CITY - S1 - Z1P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I heraby 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 penor 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with any address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**