2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000088928

Entity Name: TRANSGAS INTERNATIONAL INC.

FILED Feb 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5850 CORAL RIDGE 308 CORAL SPRINGS, FL 33076 **Current Mailing Address: New Mailing Address:** 5850 CORAL RIDGE CORAL SPRINGS, FL 33076 FEI Number: 65-1040744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOCANEGRA, LUIS 10211 W. SAMPLE ROAD # 214 CORAL SPRINGS, FL 33065 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BOCANEGRA, LUIS Name: Name: 10225 NW 60TH PLACE Address: Address: City-St-Zip: PARKLAND, FL 33076 City-St-Zip: Title: Title: () Delete () Change () Addition BOCANEGRA, PILAR Name: Name: 10225 NW 60TH PLACE Address: Address: City-St-Zip: PARKLAND, FL 33076 City-St-Zip: () Delete Title: Title: () Change () Addition BOCANEGRA, ALEXIS Name: Name: 5207 EAGLE CAY PLACE Address: Address: COCONUT CREEK, FL 33073 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition BOCANEGRA, LORENA Name: Name: Address: 10225 NW 60TH PLACE Address: City-St-Zip: PARKLAND, FL 33076 City-St-Zip: Title: Title: () Delete () Change () Addition BOCANEGRA, CARMEN Name: Name: 10225 NW 60TH PLACE Address: Address: City-St-Zip: PARKLAND, FL 33076 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: PELLETIER, MARIANA A Address: Address: 2433 NW 92 AVENUE City-St-Zip: City-St-Zip: CORAL SPRINGS, FL 33065

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: ALEXIS BOCANEGRA D 02/25/2009