

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037721

FILED
Jul 01, 2004
Secretary of State

Entity Name: KRYOGENIGAS, INC.

Current Principal Place of Business:

310 NW 24 ST.
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 075
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 02-0605142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES-HURTADO, JOSE FINA
600 GRAPETREE DR. #5-D5
SUITE 601
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: VALDES-HURTAO, RAUL
Address: 600 GRAPETREE DR. #5-DS
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: VALDES-HURTAO, JOSEFINA
Address: 600 GRAPETREE DR. #5-DS
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: DEAN, ROBERT
Address: 50 OCEAN LANE #205
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: LEAMAN, REBECA
Address: 50 OCEAN LANE #205
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: GONZALEZ, ALEJANDRO J
Address: 101 COLLINS AVENUE #21
City-St-Zip: MIAMI BEACH, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAUL VALDES-HURTADO

D

07/01/2004

Electronic Signature of Signing Officer or Director

_____ Date