


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90023 009 \*\*\*150.00

DOCUMENT # P01000037721

1. Entity Name  
 KRYOGENIGAS, INC.



Principal Place of Business  
 310 NW 24 ST.  
 MIAMI, FL 33127

Mailing Address  
 P.O. BOX 075  
 KEY BISCAYNE, FL 33149

2. Principal Place of Business  
 2027 NW 7 AVENUE  
 Suite, Apt. #, etc.

3. Mailing Address  
 NO CHANGE  
 Suite, Apt. #, etc.


City & State  
 MIAMI FL

City & State

Zip  
 33127

Country  
 FLA

Zip  
 Country



05082006 Chg-P CR2E034 (11/05)

4. FEI Number 01-0605142		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent VALDES-HURTADO, JOSE FINA 600 GRAPETREE DR. #5-D5 SUITE 601 MIAMI, FL 33132		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES-HURTAO, RAUL	NAME	
STREET ADDRESS	600 GRAPETREE DR. #5-DS	STREET ADDRESS	
CITY ST ZIP	KEY BISCAYNE, FL 33149	CITY ST ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES-HURTAO, JOSEFINA	NAME	
STREET ADDRESS	600 GRAPETREE DR. #5-DS	STREET ADDRESS	
CITY ST ZIP	KEY BISCAYNE, FL 33149	CITY ST ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, ROBERT	NAME	
STREET ADDRESS	50 OCEAN LANE #205	STREET ADDRESS	
CITY ST ZIP	KEY BISCAYNE, FL 33149	CITY ST ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAMAN, REBECA	NAME	
STREET ADDRESS	50 OCEAN LANE #205	STREET ADDRESS	
CITY ST ZIP	KEY BISCAYNE, FL 33149	CITY ST ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ALEJANDRO J	NAME	
STREET ADDRESS	101 COLLINS AVENUE #21	STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH, FL 33130	CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

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: Jose Valdes Hurtado 5/18/06 305-860-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR