
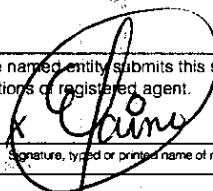
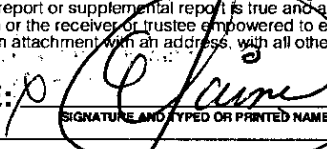


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90002 023 \*\*\*150.00

<b>DOCUMENT # P02000130210</b>			
1. Entity Name DT OLDGAS CORP.			
Principal Place of Business 2201 FLAGLER ST MIAMI, FL 33135		Mailing Address 2201 FLAGLER ST MIAMI, FL 33135	
2. Principal Place of Business 2401 NW 30 AVE		3. Mailing Address 2401 NW 30 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33142	Country	Zip 33142	Country
6. Name and Address of Current Registered Agent QUESADA, ERASMO 2201 FLAGLER ST MIAMI, FL 33135		7. Name and Address of New Registered Agent Name: ERASMO QUESADA Street Address (P.O. Box Number is Not Acceptable): 2401 NW 30 AVE City: Miami FL Zip Code: 33142	
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:  (NOTE: Registered Agent signature required when re-registering) DATE: 7/23/04			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P QUESADA, ERASMO 2201 FLAGLER ST MIAMI, FL 33135 2401 NW 30 ST Miami, FL 33142	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS QUESADA, ELAINE 2201 FLAGLER ST MIAMI, FL 33135 2401 NW 30 ST Miami FL 33142	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		7/23/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



07232004 Chg-P CR2E034 (10/03)

4. FEI Number 32-0047669 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required