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2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
JUN 28 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

§6426821

04092004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000000622

1. Entity Name
GAS FOR PUBLIC, INC.

Principal Place of Business	Mailing Address
23269 N ST RD 7 BOCA RATON, FL 33428	23269 N ST RD 7 BOCA RATON, FL 33428

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 42-1570552 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEVEN SERIE, P.A.
6070 N FEDERAL HWY
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name HELWANI MOUHAMMAD
Street Address (P.O. Box Number is Not Acceptable) 23269 ST RD 7 # 118
City BOCA RATON FL Zip Code 33428

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 ____________________ 4-14-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HELWANI, MOUHAMMED A		NAME		
STREET ADDRESS	3980 INVERRARY DR		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33319		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 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: ____________________ 4-14-04 561-482-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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P3 282

(IRS USE ONLY) 575A 421570552 01-28-2003 GASF B 0532850088 SS-4

Attachment 6064268221
FPO3000000622

Keep this part for your records. CP 575 A (Rev. 1-20

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

0532850088

Your Telephone Number ( ) -

Best Time to Call

DATE OF THIS NOTICE: 01-28-2003
EMPLOYER IDENTIFICATION NUMBER: 42-1570552
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023

1925500233

GAS FOR PUBLIC INC
% MOUHAMMAD A HELWANI
23269 N STATE RD 7
BOCA RATON FL 33428