2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 02, 2004 8:00 am Secretary of State DOCUMENT # P03000046916 1. Entity Name 03-02-2004 90016 046 ***150 00 INTEGRITY GAS INSTALLATIONS, INC. Principal Place of Business Mailing Address 3250 SW 2ND STREET DEERFIELD BEACH FL 33442 3250 SW 2ND STREET DEERFIELD BEACH FL 33442 4440101 2. Principal Place of Business 3. Mailing Address SAMEAAS' ABOVE SAMP (AS ABOVE Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) 4. FEI Number ×06 - 1701146 City & State City & State Applied For Not Applicable Ziα Ζin Country \$8.75 Additional Country ___ 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ERIC- L- MACHADO MACHADO, ERIC L Street Address (P.O. Box Number is Not Acceptable) 3250 SW 2ND STREET DEERFIELD BEACH FL 33442 Beach or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent. 21 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 /OWNER TITLE TITLE ☐ Addition ☐ Delete NAME NAME S.U. ZNO ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33442 CITY-ST-ZIP DEGRACID ☐ Change TITLE 🗆 Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TIDE Delete TITLE ☐ Addition MAME. NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 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: Date Daytime Phone

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