


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90201 018 ***150.00

DOCUMENT # P04000118270	
1. Entity Name AGAS USA CORPORATION	

Principal Place of Business 9458 NW 13 STREET BAY #68 MIAMI, FL 33172	Mailing Address 9458 NW 13 STREET BAY #68 MIAMI, FL 33172
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2. Principal Place of Business 10211 FONTAINEBLEAU BLVD	3. Mailing Address 10211 FONTAINEBLEAU BLVD
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201
City & State MIAMI FL	City & State MIAMI FL
Zip 33172	Country USA

60054200



04252006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1506812	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALVAREZ, MARIANA 12342 S.W. 10TH LANE MIAMI, FL 33184	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAROTTA, FELIPE		NAME LAROTTA, FELIPE	
STREET ADDRESS 9421 FONTAINEBLEAU BLVD #109		STREET ADDRESS 10211 FONTAINEBLEAU BLVD #201	
CITY-ST-ZIP MIAMI, FL 33172		CITY-ST-ZIP MIAMI, FL 33172	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NUNEZ, ROSSANA		NAME NUNEZ, ROSSANA	
STREET ADDRESS 9421 FONTAINEBLEAU BLVD #109		STREET ADDRESS 10211 FONTAINEBLEAU BLVD #201	
CITY-ST-ZIP MIAMI, FL 33172		CITY-ST-ZIP MIAMI, FL 33172	
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	
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	
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	
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: 	ROSSANA NUNEZ	4/27/06	(786) 210-2984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #