2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2007 08:00 Al **DOCUMENT # P05000001526 Secretary of State** 1. Entity Name REPGAS INC. Principal Place of Business Mailing Address 12005 SW 130 STREET 12005 SW 130 STREET **SUITE #303** SUITE #303 MIAMI, FL 33186 MIAMI, FL 33186 No Chg-P CR2E034 (11/05) 01102007 DO NOT WRITE IN THIS SPACE x Applied For 4. FEI Number 20-2020046 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PADRO, JOSE F DO NOT WRITE 8325 NW 53 STREET **SUITE #102** IN THIS SPACE MIAMI, FL 33166 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. PIRECTOR. JAN, 10, 2007 MAINOR Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D NAME REYES, MAINOR A 12005 SW 130 STREET SUITE#303 STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP TITLE NAME U00000649627 n3/07/07-80057-807 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 effect 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 purple like empowered.

SIGNATURE:

CITY-ST-22P TITLE NAME STREET ADDRESS

MAILUOR REYES

786-573-9426