

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000072488

Entity Name: MASTER GAS, INC.

FILED  
Mar 29, 2007  
Secretary of State

## Current Principal Place of Business:

14042 NW 82ND AVENUE  
MIAMI LAKES, FL 33016

## New Principal Place of Business:

## Current Mailing Address:

14042 NW 82ND AVENUE  
MIAMI LAKES, FL 33016

## New Mailing Address:

FEI Number: 20-4938531

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLECHES, NELSON  
14042 NW 82ND AVENUE  
MIAMI LAKES, FL 33016 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MARTINEZ, ROLANDO  
Address: 551 EAST 48TH STREET  
City-St-Zip: HIALEAH, FL 33013

Title: VD ( ) Delete  
Name: CARDOSO, ROSENDO  
Address: 3411 NW 20TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: SD ( ) Delete  
Name: FLECHES, ANTONIO E  
Address: 16825 NW 83RD COURT  
City-St-Zip: MIAMI LAKES, FL 33016

Title: TD ( ) Delete  
Name: FLECHES, NELSON  
Address: 7955 NW 162ND STREET  
City-St-Zip: MIAMI LAKES, FL 33016

Title: D ( ) Delete  
Name: FLECHES, OMAR  
Address: 16825 NW 83 CT  
City-St-Zip: MIAMI LAKES, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMAR FLECHES

OD

03/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date