

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000072488

Entity Name: MASTER GAS, INC.

FILED
Jan 26, 2009
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: FLECHES, OMAR
Address: 16825 N.W. 83RD COURT
City-St-Zip: MIAMI, FL 33016

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

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:

I hereby certify that the information supplied with this filing does not qualify 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

VD

01/26/2009

Electronic Signature of Signing Officer or Director

Date