2007 FOR PROFIT CORPORATION

FILED May 10, 2007 8:00 am Secretary of State

ANNUAL REPORT

DOCUMENT # P06000113489 1. Entity Name 05-10-2007 90023 044 ***150.00 GASME CORP. Principal Place of Business Mailing Address 7780 TATUM WATER WAY DR 7780 TATUM WATER WAY DR APT.# 8 APT.# 8 MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 Principal Place of Business - No P.O. Box # 3. Mailing Address 7796 TATUM Waterway 7796 Testum waterwar Dr Suite, Apt. #, etc Suite, Apt. #, etc. 04252007 Chg-P CR2E034 (12/06) DT City & State 4. FEI Number City & State Applied For MIAMI FI 02 0785523 MIAMI EACH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VIERA, MAURICIO MR. Street Address (P.O. Box Number is Not Acceptable) 7780 TATUM WATER WAY DR **APT.#8** MIAMI BEACH, FL 33141 Zip Code Fi 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete Viera MAURICIO TITLE TITLE VIERA, MAURICIO MR NAME NAME 7796 TATUM WATERWAY DIAPTI 7780 TATUM WATER WAY DR APTO.#8 STREET ADDRESS STREET ADDRESS Miami Beach F1 33141

DELFINO VAIERIA Change Addition

7796 TATUM WATERWAY Dr Apti MIAMI BEACH, FL 33141 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME DELFINO, VALERIA MRS NAME STREET ADDRESS 7780 TATUM WATER WAY DR.APTO.#8 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: 2

TITLE

NAME

STREET ADDRESS.

CHY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition