


**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90059 039 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000007765		
1. Entity Name SOUTH FLORIDA CYLINDERS & PACKINGS CORP.		

Principal Place of Business 1313 PONCE DE LEON BLVD. <del>SUITE 300</del> CORAL GABLES, FL 33134	Mailing Address 1313 PONCE DE LEON BLVD. <del>SUITE 300</del> CORAL GABLES, FL 33134
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. <i>SUITE 201</i>	Suite, Apt. #, etc. <i>SUITE 201</i>
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City & State	City & State
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Zip	Country	Zip	Country
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40002911



01072005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0553795	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

BOUZA, OLGA 1313 PONCE DE LEON BLVD <del>SUITE 300</del> CORAL GABLES, FL 33134
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7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
<i>SUITE 201</i>
City <b>FL</b> Zip Code

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 <i>[Signature]</i>	DATE <i>01-12-2005</i>
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BOUZA, JOSE J.	
STREET ADDRESS	12942 SW 27 ST	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOUZA, OLGA	
STREET ADDRESS	12942 SW 27 ST	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOUZA, VIVIANA	
STREET ADDRESS	12942 S.W. 27TH STREET	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i>	DATE: <i>01-12-2005</i>	DAYTIME PHONE: <i>305-443-8500</i>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #