

\$ 158.25

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000013624

1. Entity Name
FLORIGAS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -1 AM 10: 05

Principal Place of Business
3010 NW 23 TERR.
MIAMI, FL 33142

Mailing Address
3010 NW 23 TERR.
MIAMI, FL 33142 US



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0561938

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COSTA, RICARDO J
12907 S.W. 2 ST
MIAMI, FL 33184

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SUAREZ, DANIA
STREET ADDRESS 12970 S.W. 2ND STREET
CITY-ST-ZIP MIAMI, FL 33184

TITLE STD
NAME COSTA, RICARDO J
STREET ADDRESS 3737 NE 168 ST
CITY-ST-ZIP N MIAMI BEACH, FL 33160

TITLE VP
NAME COSTA, LUIS SR
STREET ADDRESS 12970 SW 2ND ST
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-25-06 (305) 637-9282