

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000013624

1. Entity Name
FLORIGAS, INC.



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

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

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000665696
03/23/07-80034-027 793.75

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	

**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 #

2-23-07 305)638-4812