

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 08:00 A
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	



01152008 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

2-13-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000833750
02/28/08-80026-002 317.50

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUAREZ, DANIA 12970 S.W. 2ND STREET MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COSTA, RICARDO J 3737 NE 168 ST N MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COSTA, LUIS SR 12970 SW 2ND ST 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

2/13/08

Date

305) 688-4812

Daytime Phone #