## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 27, 2006 08:00 AM Secretary of State DOCUMENT # P99000088601 MASGAS INTERNATIONAL CORPORATION Mailing Address Principal Place of Business 13351 SW 142ND TERRACE 13351 SW 142ND TERRACE MIAMI, FL 33186 MIAMI, FL 33186 CR2E034 (11/05) 01242006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0951481 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VELEZ, WILLIAM DO NOT WRITE 5731 SW 137TH AVENUE MIAMI, FL 33183 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 neme of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. 🔔 Added to Fees After May 1, 2006 Fee will be \$550.00 18. OFFICERS AND DIRECTORS n TITLE VELEZ, WILLIAM NAME 133518 W 142 TERR STREET ADDRESS. CITY-ST-ZIP MIAMI, FL 33186 000000406058 02/07/06-80072-002 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP

HE OF SIGNING OFFICER OR DIRECTOR

Daytima Phone #

**FILED**