## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 08:00 A
Secretary of State

ANNUAL REPORT						Sacratar	y of Stat
1: Entity Name	MENT # S87672 GAS APARATUS, INC.					seci etai	y of Stat
Principal Place 2301 SW 92 I MIAMI, FL 33	PLACE	Mailing Address 2301 SW 92 PLACE MIAMI, FL 33165 US				I GIBRI BRUK KIDIK BIDIK DI	IK EUROOFA II KADI
D	O NOT WRITE	CE	05112007 No Chg-P CR2E034 (11/05)  4. FEI Number				
	6. Name and Address of Current Re	gistered Agent					•
2121 PONO SUITE 240	EZ, CARLOS L. CE DE LEON BLVD. ABLES, FL 33134	DO NOT WRITE IN THIS SPACE					
8. The above the obligati	named entity submits this statement for toons of registered agent.	he purpose of changing its register	red office or registe	ered agent, or bo	th, in the State of Fi	orida. I am familiar	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent an	d utle if applicable. (NOTE: Register	ed Agent signature require	nd when rematating)		DATE	
FILE:NOWIII=FEE:IS:\$150:00  Dua:by:September_14,-2007.  9. Election Campaign Finan Trust Fund Contribution.			ncing _ \$5	5.00 May Be ded to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND D	IRECTORS		-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VALDES, MANNY 2301 S.W. 92ND PL MIAMI, FL 33165				U0 06/01	0000765410 /07-80004-	) -005 150.00
TITLE  NAME  STREET ADDRESS  CITY:ST:ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			•			
TITLE NAME STREET ADDRESS			]		·		·

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 execute and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or matter empowered 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 from all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-491-4136