2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90053 004 ***150.00

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1. Entity Name
F. GONZ., CORP.

Principal Place of Business	Mailing Address
3120 S 50TH STREET TAMPA, FL 33619	3120 S 50TH STREET TAMPA, FL 33619

2. Principal Place of Business	3. Mailing Address
	6234 Gannetdale Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Lithia, FL
Zip / Country	Zip 33547 / Country

01132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3721897 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE GONZALEZ, NURYS 3120 S. 50TH STREET TAMPA, FL 33619	Name Street Address (P.O. Box Number is Not Acceptable) 6234 Gannetdale Drive City Lithia FL Zip Code 33547

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GONZALEZ, FEVI 3120 S 50TH STREET TAMPA, FL 33619 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6234 Gannetdale Drive Lithia, FL 33547
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS DE GONZALEZ, NURYS U 3120 S 50TH STREET TAMPA, FL 33619 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6234 Gannetdale Drive Lithia, FL 33547
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: NUDG Nurys U De Gonzalez - Treasurer 1/13/04 (813) 643-9852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #