


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90027 046 ***150.00

| | | | | | |
|--|-------------------------|--|--|---|-----------------------------------|
| DOCUMENT # P05000048812 | | | |  | |
| 1. Entity Name R & A GONZALEZ PROPERTIES HOLDING, CORP. | | | | | |
| Principal Place of Business 4113 RICHMERE ST TAMPA, FL 33617 | | | Mailing Address 4113 RICHMERE ST TAMPA, FL 33617 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 202680543 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GONZALEZ, REYNALDO A II 4113 RICHMERE ST TAMPA, FL 33617 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | City | | Zip Code |
| FL | | | FL | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GONZALEZ, REYNALDO A | | NAME | | |
| STREET ADDRESS | 4113 RICHMERE ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33617 | | CITY-ST-ZIP | | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GONZALEZ, REYNALDO A II | | NAME | | |
| STREET ADDRESS | 4113 RICHMERE ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33617 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SHAWK, CARMEN E | | NAME | | |
| STREET ADDRESS | 4113 RICHMERE ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33617 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CABRERA, MICHAEL J | | NAME | | |
| STREET ADDRESS | 4113 RICHMERE ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33617 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CHRONIS, BARBARA L | | NAME | | |
| STREET ADDRESS | 4113 RICHMERE ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33617 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GADOMSKI, LIZZETTE E | | NAME | | |
| STREET ADDRESS | 4113 RICHMERE ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33617 | | CITY-ST-ZIP | | |
| 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: <i>Reynaldo Gonzalez</i> | | | 3-14-06 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |