

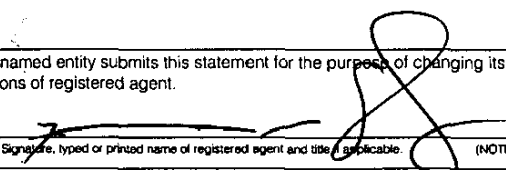
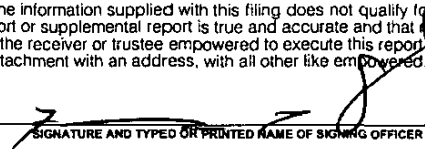


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90057 019 ***150.00

DOCUMENT # P07000045027 1. Entity Name LAW OFFICES OF FRANK GONZALEZ, P.A.					
Principal Place of Business 3733 NE 13 STREET HOMESTEAD, FL 33033 US			Mailing Address 3733 NE 13 STREET HOMESTEAD, FL 33033 US		
2. Principal Place of Business - No P.O. Box # 2804 N.E. 8th Street Suite, Apt. #, etc. Suite 201 City & State HOMESTEAD, FL Zip 33033 Country US		3. Mailing Address 2804 NE 8th Street Suite, Apt. #, etc. Suite 201 City & State HOMESTEAD, FL Zip 33033 Country US			
04152008 Chg-P CR2E034 (12/06)				4. FEI Number 59-3840551	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GONZALEZ, FRANK 3733 NE 13 STREET HOMESTEAD, FL 33033			7. Name and Address of New Registered Agent Name GONZALEZ, FRANK Street Address (P.O. Box Number is Not Acceptable) 2804 NE 8th Street Suite 201 City HOMESTEAD FL Zip Code 33033		
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  DATE 4/15/2008 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 PRES NAME GONZALEZ, FRANK STREET ADDRESS 3733 NE 13 STREET CITY-ST-ZIP HOMESTEAD, FL 33033	<input type="checkbox"/> Delete		TITLE PRES. NAME GONZALEZ, FRANK STREET ADDRESS 2804 N.E. 8th Street, suite 201 CITY-ST-ZIP HOMESTEAD, FL 33033	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DATE 4/15/2008 305-407-8339 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					