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	Mailing Address
3733 NE 13 STREET HOMESTEAD, FL 33033 US	3733 NE 13 STREET HOMESTEAD, FL 33033 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2804 N.E. 8th Street	2804 NE 8th Street
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.: Suite 201
City & State: HOMESTEAD, FL	City & State: HOMESTEAD, FL
Zip: 33033 / Country: US	Zip: 33033 / Country: US

04152008 Chg-P CR2E034 (12/06)

4. FEI Number: 59-3840551 — 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
GONZALEZ, FRANK 3733 NE 13 STREET HOMESTEAD, FL 33033	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: _____ 4/15/2008
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, 2008 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	PRES ☐ Delete	TITLE	PRES. ☒ Change ☐ Addition
NAME	GONZALEZ, FRANK	NAME	GONZALEZ, FRANK
STREET ADDRESS	3733 NE 13 STREET	STREET ADDRESS	2804 N.E. 8th Street, Suite 201
CITY-ST-ZIP	HOMESTEAD, FL 33033	CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ FRANK GONZALEZ 4/15/2008 305-407-8339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #