2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State
05-02-2008 90134 050 ***150.00

DOCUMENT # P07000106998

1. Entity Name
NOEL GONZALEZ, INC.

Principal Place of Business	Mailing Address
~~126 SOUTH DR. 7-A~~ ~~LAKE WALES, FL 33859~~	P.O BOX 1873 DUNDEE, FL 33838

66013839

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
41040 Hwy 27 N.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVENPORT, FL	City & State
Zip: 33837 Country: USA	Zip Country

04022008 Chg-P CR2E034 (12/06)

4. FEI Number: 83-0495514 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, NOEL H
~~126 SOUTH DR.~~
7-A
LAKE WALES, FL 33859

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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] 4/3/08
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GONZALEZ, NOEL H P.O BOX 1873 DUNDEE, FL 33838	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, CEO	☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	863-678-30346	☐ Change ☐ 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: [signature] 4/3/08 (863) ~~~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #