2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 602974 1. Entity Name

Principal Place of Business

600 GRAPETREE DRIVE 5 DN KEY BISCAYNE, FL 33149

OSCAR R. GONZALEZ, P.A.

Mailing Address

600 GRAPETREE DRIVE 5 DN KEY BISCAYNE, FL 33149

FILED May 03, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1352807

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, OSCAR R 600 GRAPETREE DRIVE #5DN KEY BISCAYNE, FL 33149

DO NOT WRITE IN THIS SPACE

| | | } | | | |
|---|--|--|-------|--------------------------------|---|
| 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 it applicable. (NOTE Registered Agent signature required when reinstating) DATE | | | | | |
| Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when relinerating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | Election Campaign Finance Trust Fund Contribution. | ing 🛘 | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | , | | <u> </u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GONZALEZ,OSCAR R 800 GRAPETREE DR 5DN KEY BISCAYNE, FL | | | | · · · · · · · · · · · · · · · · · · · |
| Title Mame Street Address City-St-Zip | | | | | 800000560459 85/18/06-80038-024 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | | | | |
| 12. Thereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director. | | | | | |

indicated on this report of supplientential report is true and accurate and man signature shall have the same legal effect as a made under dath; that it is of the corporation of 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04

Daylims Phone 9