

# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90078 031 \*\*\*150.00



**DOCUMENT # 854875**

1. Entity Name

GONRE CORP.

Principal Place of Business

PO BOX 160817  
HIALEAH FL 33016  
US

Mailing Address

PO BOX 160817  
HIALEAH FL 33016  
US

02010010



MOORE CR2E034 (11/03)

2. Principal Place of Business

1325 NW 93 Ct

3. Mailing Address

1325 NW 93 Ct

Suite, Apt. #, etc.

# B-108

Suite, Apt. #, etc.

# B-108

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

98-0056561

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRIAY, CARLOS A  
10530 NW 27 ST  
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name TRIAY, CARLOS A.  
Street Address (P.O. Box Number is Not Acceptable)  
10570 NW 27th STREET  
SUITE 103  
City MIAMI FL Zip Code 33172

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, PRISCILLA	
STREET ADDRESS	PO BOX 160817	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	SDVP	<input type="checkbox"/> Delete
NAME	GONZALEZ, REYNOLDO	
STREET ADDRESS	PO BOX 160817	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GONZALEZ, JOSE E	
STREET ADDRESS	PO BOX 160817	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, PRISCILLA	
STREET ADDRESS	1325 NW 93 Ct # B-108	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	SDVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, REYNALDO	
STREET ADDRESS	1325 NW 93 Ct # B-108	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JOSE E	
STREET ADDRESS	1325 NW 93 Ct # B-108	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* U.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-04 305-436-0807

Date

Daytime Phone #