


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90036 031 ***150.00

DOCUMENT # 854875		
1. Entity Name GONRE CORP.		

Principal Place of Business 1325 NW 93 CT #B-108 HIALEAH, FL 33016 US	Mailing Address 1325 NW 93 CT #B-108 HIALEAH, FL 33016 US
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2. Principal Place of Business <i>1325 NW 93 CT</i>	3. Mailing Address <i>1325 NW 93 CT</i>
Suite, Apt. #, etc. <i># B-108</i>	Suite, Apt. #, etc. <i># B-108</i>

City & State <i>MIAMI</i>	City & State <i>MIAMI</i>
Zip <i>FL 33172</i>	Country <i>US</i>



01122006 Chg-P CR2E034 (11/05)

4. FEI Number 98-0056561	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TRIAY, CARLOS A 10570 NW 27TH ST. STE. 103 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name <i>TRIAY, CARLOS A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>3750 NW 87 AVE. SUITE 100</i> City <i>DORAL</i> FL Zip Code <i>33178</i>	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, PRISCILLA 1375 NW 93 CT., #B-108 MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, PRISCILLA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1325 NW 93 CT # B-108</i> <i>MIAMI, FL 33172</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVP GONZALEZ, REYNOLDO 1325 NW 93 CT., B-108 HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVP GONZALEZ, REYNALDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1325 NW 93 CT # B-108</i> <i>MIAMI, FL 33172</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, JOSE E 1325 NW 93 CT., #B-108 HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, JOSE E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1325 NW 93 CT # B-108</i> <i>MIAMI, FL 33172</i>
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: *REYNALDO GONZALEZ V.P.* *01-17-06* *305-436-0807*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #