

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90340 032 ***150.00

DOCUMENT # F23484	
1. Entity Name I. GONZALEZ AND ASSOCIATES, INC.	

Principal Place of Business 6310 PENT PLACE MIAMI LAKES, FL 33014	Mailing Address 6310 PENT PLACE MIAMI LAKES, FL 33014
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2. Principal Place of Business 3099 W. 4 AVE Suite, Apt. #, etc.	3. Mailing Address 3099 W 4 AVE Suite, Apt. #, etc.
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City & State HIALEAH FL	City & State HIALEAH - FL
Zip 33012	Zip 33012
Country	Country

6. Name and Address of Current Registered Agent GONZALEZ, INDALECIO 6310 PENT PLACE MIAMI LAKES, FL 33014	
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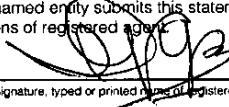
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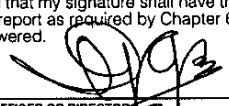
4. FEI Number 59-2067948	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name GONZALEZ INDALECIO Street Address (P.O. Box Number is Not Acceptable) 3099 W 4 AVE City HIALEAH FL Zip Code 33012	
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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 	DATE 4-22-05
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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, INDALECIO 6310 PENT PLACE MIAMI LAKES, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, IRMA 6310 PENT PLACE MIAMI LAKES, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: INDALECIO GONZALEZ 	DATE 4-22-05 DAYTIME PHONE 305-888-8489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	