

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90040 033 ***150.00

DOCUMENT # F23484

1. Entity Name

I. GONZALEZ AND ASSOCIATES, INC.



Principal Place of Business

3099 W 4TH AVE
HIALEAH, FL 33012

Mailing Address

3099 W 4TH AVE
HIALEAH, FL 33012

40000292

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2067948

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, INDALECIO
3099 W 4TH AVE
HIALEAH, FL 33012

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, 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 PD ☐ Delete
NAME GONZALEZ, INDALECIO
STREET ADDRESS 6310 PENT PLACE
CITY- ST- ZIP MIAMI LAKES, FL

TITLE PD. ☒ Change ☐ Addition
NAME GONZALEZ INDALECIO
STREET ADDRESS 3099 W 4 AVE
CITY- ST- ZIP HIALEAH, FL 33012

TITLE SD ☐ Delete
NAME GONZALEZ, IRMA
STREET ADDRESS 6310 PENT PLACE
CITY- ST- ZIP MIAMI LAKES, FL

TITLE SD ☒ Change ☐ Addition
NAME GONZALEZ IRMA
STREET ADDRESS 3099 W 4 AVE
CITY- ST- ZIP HIALEAH, FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] - INDALECIO GONZALEZ 1-4-08 305-888-8489