

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F67921			
1. Entity Name MIGUEL M. GONZALEZ, PROFESSIONAL ASSOCIATION			
Principal Place of Business 717 PONCE DE LEON BLVD SUITE 317 CORAL GABLES, FL 33134 US		Mailing Address 717 PONCE DE LEON BLVD SUITE 317 CORAL GABLES, FL 33134 US	
DO NOT WRITE IN THIS SPACE			
		 01142006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2163435	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, MIGUEL M. ESQ. 717 PONCE DE LEON BLVD SUITE 317 CORAL GABLES, FL 33134			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> 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	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, MIGUEL M 717 PONCE DE LEONBLVD., SUITE 317 CORAL GABLES, FL 33134		
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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: <u>Miguel M. Gonzalez, President</u>		4/1/2006 305-461-1658	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	