

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90040 033 \*\*\*150.00

**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**

40020942



2. Principal Place of Business - No P.O. Box #  
**% MIGUEL M. GONZALEZ, P.A.  
Suite, Apt. #, etc.  
525 N.W. 27th Avenue, Ste.**

3. Mailing Address  
**% MIGUEL M. GONZALEZ, P.A.  
Suite, Apt. #, etc.  
525 N.W. 27th Avenue, Ste.**

01162007 Chg-P CR2E034 (12/06)

City & State  
**Miami, FL 33125 105A**

City & State  
**Miami, FL 33125 105A**

4. FEI Number  
**59-2163435**

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	
<b>GONZALEZ, MIGUEL M. ESQ. 717 PONCE DE LEON BLVD SUITE 317 CORAL GABLES, FL 33134</b>		Name Street Address (P.O. Box Number is Not Acceptable) <b>525 N.W. 27th Avenue, Suite 105A</b> Miami, FL 33125 City Zip Code <b>FL</b>	

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, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PD GONZALEZ, MIGUEL M 717 PONCE DE LEON BLVD., SUITE 317 CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>525 N.W. 27th Avenue, Suite 105A Miami, FL 33125</b>
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
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: *Miguel M. Gonzalez* **2/16/2007** **305-649-0030**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #