

2006 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED ATX
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L49538
1. Entity Name
MAGDELINE P. GONZALEZ MST, PA.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8360 WEST FLAGLER STREET, SUITE 206
Suite, Apt. #, etc.

3. Mailing Address
8360 WEST FLAGLER STREET
Suite, Apt. #, etc.
206

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33144

Country
US

4. FEI Number
65-0171733

Applied For
 Not Applicable
 \$8.75 Additional Fee Required

5. Certificate of Status Desired

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
GONZALEZ, MAGDELINE

Street Address (P.O. Box Number is Not Acceptable)
8360 WEST FLAGLER STREET, SUITE 206

City
MIAMI

FL

Zip Code
33144

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, MAGDELINE 8360 WEST FLAGLER STREET, STE 206 MIAMI, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000513122 04/29/06-80116-014 150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Magdelin Gonzale MAGDELINE GONZALEZ 4/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #