2006 FOR PROFIT CORPCRATION

FILED ATX

Daytime Phone #

DOCUMENT # 1.5 Entry Name MAGDELINE P. GONZALEZ MST, PA. DO NOT WRITE IN THIS SPACE 3. Principal Place of Business 3500 WEST FLAQLER STREET Suite, Apt. #, etc. 206 Suite, Apt. #, etc. 206 City & State MAMM, FL. Country Zip Zip Country Anopicialle Size of Status Desired Size Required Agent	UNIFORM BUSINESS REPORT (UBR)					Apr 17, 2006 08:00 A		
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City MAMI 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 regulred when reinstating) After May 1. Fee is \$550.00 After May 1. Fee is \$550.00 After May 1. Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STR	DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable)				
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MAGDELINE GONZALEZ
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