


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # N41390 1. Entity Name GONZ-MOR CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 405 AND 407 EAST 15TH STREET HIALEAH, FL 33010	Mailing Address 405 AND 407 EAST 15TH STREET HIALEAH, FL 33010
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DO NOT WRITE IN THIS SPACE



03012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0328446	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, CECILIA 405 EAST 15TH STREET HIALEAH, FL 33010	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11000000389021 04/22/08-80036-020 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, CECILIA 405 EAST 15TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, JOSE MANUEL 407 EAST 15TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, MIRIAM 407 EAST 15TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: *Miriam C. Moran* **MIRIAM C. MORAN** 4-7-08 (540-720-5395)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #