2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Apr 25, 2000 06:			
DOCUMENT # P00000012748					Se	ecretary of S	
1. Entity Name ISIDRO J. GONZALEZ HOLDINGS CORPORATION							
1010110 3	, GONZALLZ HOLDINGO GON	Olovijon				,	
Principal Plac	ce of Business M	ailing Address					
6650 NW 37		0 B0X 126397					
MIAMI, FL 3	1314/	IIALEAH, FL 33012-1600		,			
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DO NOT WRITE IN THIS SPA			0 E	02052008	No Chg-P CF	R2E034 (11/05)	
, L	O NOI WRITE II	N THIS SPA	CE	4. FEI Numbe		Applied For	
, .				65-097	8251	Not Applicable	
			•	5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Regis	tered Agent	,	<u></u>	* **		
BOHATCH, JOHN S ESQ 2600 DOUGLAS ROAD PH 8 CORAL GABLES, FL 33134				-	LICT MINI		
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	 named entity submits this statement for the p tions of registered agent. 	ourpose of changing its register	ed office or registe	red agent, or bot	th, in the State of Florida.	I am familiar with, and accept	
	·						
SIGNATURE			ed Agent eignature required	d when reinstating)	DATE		
		6 Floation Companion Figure	noina CE	00			
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution				.00 May Be led to Fees			
10.	OFFICERS AND DIREC	CTORS			i de la companya de La companya de la co		
TITLE NAME	D GONZALEZ, ISIDRO J						
STREET ADDRESS	6620 NW 37 AVE			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
CITY-ST-ZIP	MIAMI, FL 33147						
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NAME STREET ADDRESS				•	05/14/08-8	0057 , 006 150.00	
CITY-ST-ZIP							
TITLE			1	**			
NAME				• •			
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STREET ADDRESS			, , ,		* . *		
CITY-ST-ZIP				i di			
TITLE NAME				. /-			
STREET ADDRESS							

12. I hereby certify that the imormation supplied with this filling 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 employers 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Jaidra J. Gm alez Finted Name of Signing Officer or Director

4-22-08

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