

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000047516
 1. Entry Name
 GONZALEZ FAMILY REFRIGERATION & APPLIANCES, INC.



Principal Place of Business Mailing Address
 18230 S.W. 112TH COURT 18230 S.W. 112TH COURT
 MIAMI, FL 33157 MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE



02142005 No Chg-P CR2EQ34 (10/03)

4. FEI Number Applied For
 65-1007432 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GONZALEZ, JOSE R
 18230 S.W. 112TH COURT
 MIAMI, FL 33157

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	GONZALEZ, JOSE R
STREET ADDRESS	18230 S.W. 112TH COURT
CITY - ST - ZIP	MIAMI, FL 33157
TITLE	VP
NAME	GONZALEZ, JOSE RAMON
STREET ADDRESS	18230 SW 112TH COURT
CITY - ST - ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date: 3-2-05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR