


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90212 001 \*\*\*150.00

<b>DOCUMENT # P0000082710</b> 1. Entity Name <b>GONZALEZ FRANCO, INC.</b>					
Principal Place of Business <b>6804 22ND AVE NORTH</b> <b>SAINT PETERSBURG, FL 33710 US</b>			Mailing Address <b>P.O. BOX 41068</b> <b>SAINT PETERSBURG, FL 33743</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3695674</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RUIZ, GUILLERMO A</b> <b>2901 5TH AVENUE NORTH</b> <b>ST. PETERSBURG, FL 33713</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GONZALEZ, LUIS C</b> <b>CALLE 12, #43, B-31</b> <b>MEDELLIN, COLOMBIA,</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>VP</b> <b>GONZALEZ-RUAN, ADRIANA</b> <b>13202 73rd Ave North</b> <b>Seminole, FL 33776</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  <b>VP</b> <b>GONZALEZ, ADRIANA</b> <b>5901 BAHIA DEL MAR CIRCLE #224</b> <b>SAINT PETERSBURG, FL 33715</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  (Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  (Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  (Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  (Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  (Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  (Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  (Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  (Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  (Empty)	
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 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.					
<b>SIGNATURE:</b> <u><i>C. Gonzalez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>04-13-06 727 687 9078</b> <small>Date Daytime Phone #</small>		