

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90094 025 ***150.00

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04272005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1135760 Applied For Not Applicable

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

DOCUMENT # P01000077979

1. Entity Name
GONZALEZ ORTOPEDIA, INC.



Principal Place of Business
1490 W 49 PL
SUITE # 550
HIALEAH, FL 33012 US

Mailing Address
1490 W 49 PL
SUITE # 550
HIALEAH, FL 33012 US

2. Principal Place of Business
400 SW 107th Ave
Suite, Apt. #, etc.
306

3. Mailing Address
400 SW 107th Ave
Suite, Apt. #, etc.
306

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33174-8403

Country
USA

Zip
33174-8403

Country
USA

6. Name and Address of Current Registered Agent
QUINTERO, MARITZA
1490 W 49 PL.
SUITE # 550
HIALEAH, FL 33012

7. Name and Address of New Registered Agent
Name
MARITZA QUINTERO
Street Address (P.O. Box Number is Not Acceptable)
400 SW 107th Ave
SUITE # 306
City
MIAMI FL Zip Code
33174-8403

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 MARITZA QUINTERO DATE 4/27/05
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME QUINTERO, MARITZA		NAME QUINTERO, MARITZA	
STREET ADDRESS 1100 WEST 29 ST. SUITE D		STREET ADDRESS 400 SW 107th Ave SUITE # 306	
CITY-ST-ZIP HIALEAH, FL 33012		CITY-ST-ZIP MIAMI, FL 33174-8403	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: MARITZA QUINTERO DATE 4/27/05 DAYTIME PHONE # 305-218-7881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR