


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AK)

1072

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 OCT 11 AM 8:00

<b>DOCUMENT # P02000104962</b> 1. Entity Name <b>REGO-GONZALEZ, INC.</b>					
Principal Place of Business <b>314 SE PORT ST LUCIE BLVD PORT ST LUCIE FL 34984</b>			Mailing Address <b>12200 FLORIDA AVE STUART FL 34994</b>		
2. Principal Place of Business <b>314 SE Port St. Lucie Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>9657 Lake District Lane</b> Suite, Apt. #, etc.			
City & State <b>Port St. Lucie FL 34984</b>		City & State <b>Orlando, FL</b>		4. FEI Number <b>06-1650493</b>	
Zip <b>34984</b>	Country <b>USA</b>	Zip <b>32832</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>REGO-GONZALEZ, KIMBERLY 12200 FLORIDA AVE STUART FL 34994</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-size: 2em; font-weight: bold;">REINSTATEMENT 04</div> City <b>FL</b> Zip Code	
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: <u><i>Kimberly Rego Gonzalez</i></u> DATE: <u>10-1-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State.</b>			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REGO-GONZALEZ, KIMBERLY 12200 FLORIDA AVENUE STUART FL 34994	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REGO, Kimberly 9657 Lake District Lane Orlando, FL 32832	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600041781948 10/11/04--01054--019 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Kimberly Rego Gonzalez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>10-1-04</u> Daytime Phone #: <u>772 341 4990</u>		

To Whom it May Concern, 2002 10-1-04

Please accept my payment and  
waive the \$400.<sup>00</sup> late fee. Due to  
recent <sup>repeated</sup> hurricane damage. I have  
had to relocate and had a  
mail forward. Also, it has been  
a time to get readjusted, we've  
lost many days of business and  
I just opened this mail. Please.  
call if there are any concerns  
or questions.

Thank You,  
Kimberly R. Lego  
(772) 341-4990