

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000121900

FILED
Sep 16, 2008
Secretary of State

Entity Name: GONZALEZ & HO INCORPORATED

Current Principal Place of Business:

7964 NW 56TH STREET
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

7370 LOCHNESS DRIVE
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 83-0341161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, SAMUEL
7370 LOCHNESS DRIVE
MIAMI LAKES, FL 330146010 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GONZALEZ, IRAIDA
Address: 7370 LOCHNESS DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: GONZALEZ, SAMUEL
Address: 7370 LOCHNESS DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL GONZALEZ

D

09/16/2008

Electronic Signature of Signing Officer or Director

Date