

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90152 044 ***150.00

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DOCUMENT # P02000130247 1. Entity Name CARDOZO & GONZALEZ INVESTMENTS, INC.					
Principal Place of Business 926 N. MAIN STREET KISSIMMEE, FL 34744			Mailing Address 20 N ORANGE AVE. SUITE 407 ORLANDO, FL 32801		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. Suite 600 City & State Zip Country		01102005 Chg-P CR2E034 (10/03)	
4. FEI Number 16-1647075		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HENDRY STONER DELANCETT & BROWN P.A. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801	
7. Name and Address of New Registered Agent Name WILMER S. GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 926 N. MAIN STREET City KISSIMMEE FL Zip Code 34744				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 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PSD GONZALEZ, WILMER S 925 N MAIN STREET KISSIMMEE, FL 34744 <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V CARDOZO, WASHINGTON G 926 N MAIN STREET KISSIMMEE, FL 34744 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:				Date 4/28/05 Daytime Phone # (407) 343-1866	