


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90055 032 ***150.00

DOCUMENT # P02000134831		
1. Entity Name MARTIN GONZALEZ, P.A.		

Principal Place of Business % JUAN A. FIGUEROA, P.A. C.P.A. 2701 S. LE JEUNE ROAD, SUITE 310 CORAL GABLES FL 33134	Mailing Address % JUAN A. FIGUEROA, P.A. C.P.A. 2701 S. LE JEUNE ROAD, SUITE 310 CORAL GABLES FL 33134
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business 400 Alton Road		3. Mailing Address 400 Alton Road	
Suite, Apt. #, etc. Apt. 811		Suite, Apt. #, etc. Apt. 811	
City & State Miami Beach, Fl.		City & State Miami Beach, Fl.	
Zip 33139	Country USA	Zip 33139	Country USA

4. FEI Number 04-3745758	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALEZ, MARTIN 2701 S. LE JEUNE ROAD SUITE 310 CORAL GABLES FL 33134
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7. Name and Address of New Registered Agent	
Name González, Martin	
Street Address (P.O. Box Number is Not Acceptable)	
1428 Brickell Avenue, Suite 206	
City Miami	FL Zip Code 33131

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 <input checked="" type="checkbox"/> <i>Martin Gonzalez</i> Signature, typed or printed name of registered agent and title if applicable	DATE <i>01-31-05</i> DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete GONZALEZ, MARTIN 2701 S LE JEUNE ROAD SUITE 310 CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition González, Martin 400 Alton Road, Apt. 811 Miami Beach, Fl. 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>X</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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