2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# P03000027678

Entity Name: LAW OFFICES OF CARIDAD S. GONZALEZ, PA

Current Principal Place of Business:

4623 NW 53RD AVENUE
BOX # 2
GAINESVILLE, FLORIDA, FL 32606 US

New Principal Place of Business:

4530 SW 68 CT. CIRCLE
1
MIAMI, FL 33155 US

Current Mailing Address:

4623 NW 53RD AVENUE
BOX # 2
GAINESVILLE, FLORIDA, FL 32606 US

New Mailing Address:

4530 SW 68 CT. CIRCLE
#1
MIAMI, FL 33155 US

FEI Number: 06-1687384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, CARIDAD S ESQ.
4623 NW 53RD AVENUE
BOX # 2
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

GONZALEZ, CARIDAD S ESQ.
4530 SW 68 CT. CIRCLE
#1
MIAMI, FL 33155 US

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: CARIDAD S. GONZALEZ 04/26/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GONZALEZ, CARIDAD S ESQ.
Address: 4623 NW 53RD AVENUE, BOX#2
City-St-Zip: GAINESVILLE, FL 32606 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GONZALEZ, CARIDAD S ESQ.
Address: 4530 SW 68 CT. CIRCLE, #1
City-St-Zip: MIAMI, FL 33155 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARIDAD S. GONZALEZ P 04/26/2005
Electronic Signature of Signing Officer or Director Date