


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90002 035 ***150.00

DOCUMENT # P03000037395


1. Entity Name
GONZALEZ REMODELING, CORP.



Principal Place of Business Mailing Address
1480 WEST 46 STREET APT. 123 **1480 WEST 46 STREET APT. 123**
HIALEAH, FL 33012 **HIALEAH, FL 33012**

2. Principal Place of Business 3. Mailing Address
8409 Willow Forest ct **8409 Willow Forest ct**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tampa, FL **Tampa, FL 33634**
 Zip Country Zip Country
33634 **USA** **33634** **USA**



05032006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
GONZALEZ, RAMON E
1480 WEST 46 STREET APT. 123
HIALEAH, FL 33012

7. Name and Address of New Registered Agent
 Name **Gonzalez, Ramon E**
 Street Address (P.O. Box Number is Not Acceptable)
8409 Willow Forest ct
 City **Tampa** **FL** Zip Code **33634**

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  **Ramon E. Gonzalez** DATE _____
(NOTE: Registered Agent signature required when reassigning)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, RAMON E 1480 WEST 46 STREET APT. 123 HIALEAH, FL 33012	<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
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	20 Gonzalez, Ramon E 8409 Willow Forest ct Tampa FL 33634 USA	<input checked="" 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
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 exemptions contained 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 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:  **Ramon E. Gonzalez** Date _____ Daytime Phone # **813 918 5805**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR