

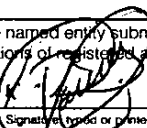
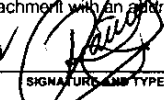


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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 1480 WEST 46 STREET APT. 123 HIALEAH, FL 33012			Mailing Address 1480 WEST 46 STREET APT. 123 HIALEAH, FL 33012		
2. Principal Place of Business 8409 Willow Forest Ct Suite, Apt. #, etc.		3. Mailing Address 8409 Willow Forest Ct Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL 33634		05032006 Chg-P CR2E034 (11/05)	
Zip 33634		Country USA		4. FEI Number 30-0164069	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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:  <u>Ramon E. Gonzalez</u> DATE: _____ <small>(Signature in block or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME GONZALEZ, RAMON E <input type="checkbox"/> Delete		TITLE 20	NAME Gonzalez, Ramon E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1480 WEST 46 STREET APT. 123	CITY-ST-ZIP HIALEAH, FL 33012		STREET ADDRESS 8409 Willow Forest Ct	CITY-ST-ZIP Tampa FL 33634 USA	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
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 813 918 5805		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		