2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/20/

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-20-2004 90004 037 ***150.00

DOCUMENT # P03000043280

1. Entity Name
DELSA D. GONZALEZ, P.A.

Principal Place of Business
6865 BAY DR., APT. 13
MIAMI BCH, FL 33141

Mailing Address
6865 BAY DR., APT. 13
MIAMI BCH, FL 33141

66426934

2. Principal Place of Business: 9553 Harding Ave
Suite, Apt. #, etc.: 308
City & State: Surfside, Fl.
Zip: 33154 Country: USA

3. Mailing Address: 9553 Harding Ave
Suite, Apt. #, etc.: 308
City & State: Surfside, Fl.
Zip: 33154 Country: USA

03082003 Chg-P CR2E034 (10/03)

4. FEI Number: 02-0687970 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GONZALEZ, DELSA D
~~6865 BAY DR., APT. 13~~
MIAMI BCH, FL 33141

7. Name and Address of New Registered Agent
Name: Gonzalez, Delsa D
Street Address (P.O. Box Number is Not Acceptable): 9553 Harding Ave. #308
City: Surfside FL Zip Code: 33154

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: Delsa D. Gonzalez 5/14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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	Director/President	☐ Delete
NAME	Delsa D. Gonzalez	
STREET ADDRESS	9553 Harding Ave #308	
CITY-ST-ZIP	Surfside Fl. 33154	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Delsa D Gonzalez 5/14/04 (305)8678970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #