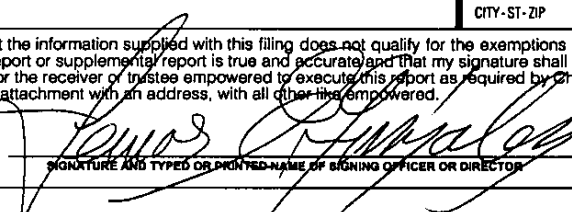


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90309 024 ***150.00

DOCUMENT # P03000045609 1. Entity Name GONFA, INC.					
Principal Place of Business 1207 NW 170 TER PEMBROKE PINES, FL 33028			Mailing Address 1207 NW 170 TER PEMBROKE PINES, FL 33028		
2. Principal Place of Business 19033 NW 23 PL.		3. Mailing Address 19033 NW 23 PL.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL		04252006 Chg-P CR2E034 (11/05)	
Zip 33029		Zip 33029		4. FEI Number 58-2667333	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, LEONOR E 1207 NW 170 TER PEMBROKE PINES, FL 33028				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 19033 NW 23 PL City Pembroke Pines FL Zip Code 33029	
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 _____ 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 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GONZALEZ, LEONOR E 1207 NW 170 TER PEMBROKE PINES, FL 33028		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GONZALEZ, LEONOR E. 19033 NW 23 PL Pembroke Pines FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GONZALEZ, ABDIEL A 1207 NW 170 TER PEMBROKE PINES, FL 33028		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GONZALEZ, ABDIEL A. 19033 NW 23 PL Pembroke Pines FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
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:  4/27/06 (805) 733-4491 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50019551