

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P03000138334

1. Entity Name
CEGONZ, INC.



FILED

04 JUN 24 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5937 ITHACA CIRCLE WEST
LAKE WORTH, FL 33463

Mailing Address
5937 ITHACA CIRCLE WEST
LAKE WORTH, FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06162004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-042515

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOFIL INVESTMENTS, INC.
5544 NW 23 AVENUE
HANGAR 15
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
GONZALEZ, CESAR
5937 ITHACA CIRCLE WEST
LAKE WORTH, FL 33463 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
600038414876
06/29/04--01021--015 **150.00 ☐ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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CEGONZ, Inc.
5937 Ithaca Circle West
Lake Worth, Florida 33463-1517

June 16, 2004

Florida Department of State
Division of Corporations
Reinstatement Section
Uniform Business Report Division
P.O. Box 6327
Tallahassee, Florida 32314

Re: CEGONZ, Inc.
Document No.: P03000138334
Uniform Business Report 2004

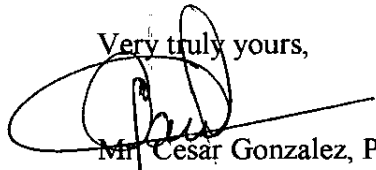
Dear Corporations Representative,

As per your previous conversation with my accountant, I am writing this letter regarding my uniform business report for 2004. My accountant initially pointed out that this report hadn't been filed at the time she was completing my taxes. She requested that I contact your office to obtain a blank form in order to mail you the payment.

Upon my communicating with your office I was specifically told to go ahead and obtain the form via your website at www.sunbiz.org, enter my document number and all of the information would be printed for me. The only thing I would have to do is make any appropriate changes, sign the form, mail the payment of \$150.00, with a letter stating that I never received the original Uniform Business Report for 2004 and the additional fee of \$400.00 would be waived.

If you have any questions please feel free to my accountant directly 954-420-3187
Mimi Nofil.

Very truly yours,



Mr. Cesar Gonzalez, President
CEGONZ, Inc.