## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNARG OFFICER OR DIRECTOR

## Jan 19, 2007 8:00 am Secretary of State **DOCUMENT # P03000151700** 01-19-2007 90020 025 \*\*\*150.00 NESTOR V. GONZALEZ ENTERPRISES, INC. Principal Place of Business Mailing Address 600 MAGUIRE BLVD. 600 MAGUIRE BLVD. 50000450 STE B STE B ORLANDO, FL 32803 ORLANDO, FL 32803 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4117 PAPAYA ROAD 4117 PAPAYA ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For ORCANDO ORIANDO 20-0487718 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32822 DIANGE 32822 ORANGE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NESTOR, GONZAUEZ V NESTOR, GONZALEZ V Street Address (P.O. Box Number is Not Acceptable) 600 MAGUIRE BLVD. STE B ORLANDO, FL 32803 PAPAYA ROAD Zip Code ORCANDO 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change PD PD TITLE ☐ Delete TITI F ☐ Addition GONZALEZ, NESTOR V NAME GONZALEZ, NESTOR V. NAME STREET ADDRESS STREET ADDRESS 600 MAGUIRE BLVD. STE B 4112 PAPAYA ROAD CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP DECANDO, FC 32822 ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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

FILED