

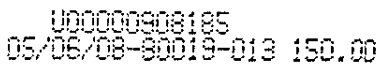
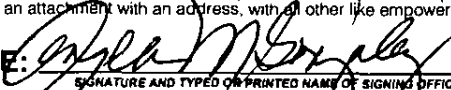


FILED
Apr 21, 2008 08:00 AM
Secretary of State

| | | | |
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| DOCUMENT # P04000003446 | |  | |
| 1. Entity Name ANGELA M GONZALEZ INC | | | |
| Principal Place of Business 7600 SW 104TH ST MIAMI, FL 33156 US | | Mailing Address 2007 SE 12 ST HOMESTEAD, FL 33035 US | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 01172008 No Chg-P CR2E034 (11/05) | |
| | | 4. FEI Number 20-0540304 | |
| | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GONZALEZ, ANGELA M 2007 SE 12 ST HOMESTEAD, FL 33035 | | DO NOT WRITE IN THIS SPACE | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | |  DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP P GONZALEZ, ANGELA M 2007 SE 12 ST HOMESTEAD, FL 33035 | | | |
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| 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:  | | 4/17/08 (305) 733-5918 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |