


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # P04000030853	
1. Entity Name LAW OFFICE OF ANTONIO GONZALEZ, P.A.	

Principal Place of Business 4340 SHERIDAN STREET SECOND FLOOR HOLLYWOOD, FL 33021	Mailing Address 4340 SHERIDAN STREET SECOND FLOOR HOLLYWOOD, FL 33021
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DO NOT WRITE IN THIS SPACE



04142007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2442693	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GONZALEZ, ANTONIO
4340 SHERIDAN STREET
SECOND FLOOR
HOLLYWOOD, FL 33021**

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. GONZALEZ, ANTONIO 4340 SHERIDAN STREET, SECOND FLOOR HOLLYWOOD, FL 33021
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04/30/07-80062-014 150.00

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IN THIS SPACE**

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:  **4/14/07** **(954) 894-6390**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #