





2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90035 047 ***150.00

DOCUMENT # P04000044841 1. Entity Name KATHERINE GONZALEZ ENTERPRISES, INC					
Principal Place of Business 7399 TAM OSHANTER BLVD MARGATE, FL 33068 US			Mailing Address 7399 TAM OSHANTER BLVD MARGATE, FL 33068 US		
2. Principal Place of Business, No P.O. Box # 8481 Springtree Drive Suite, Apt. #, etc. 107 B		3. Mailing Address 8481 Springtree Drive Suite, Apt. #, etc. 107 B			
City & State Sunrise, FL.		City & State Sunrise		4. FEI Number 20-0855903	
Zip 33351		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, SALOMON 7399 TAM OSHANTER BLVD MARGATE, FL 33068				7. Name and Address of New Registered Agent Name Gonzalez, Salomon Street Address (P.O. Box Numbers Not Acceptable) 8481 Springtree Drive Apt. 107 B City Sunrise FL Zip Code 33351	
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 \$550.00 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVST GONZALEZ, SALOMON 7399 TAM OSHANTER BLVD MARGATE, FL 33068	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST GONZALEZ, SALOMON 8481 Springtree Drive Apt 107 B Sunrise, FL. 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, SALOMON 7399 TAM OSHANTER BLVD MARGATE, FL 33068	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, SALOMON 8481 Springtree Drive Apt 107 B Sunrise, FL. 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		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:  (NOTE: Registered Agent signature required when reinstating) DATE _____ Daytime Phone # _____					