

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000044841

FILED
May 01, 2009
Secretary of State

Entity Name: KATHERINE GONZALEZ ENTERPRISES, INC

Current Principal Place of Business:

8481 SPRINGTREE DRIVE
107-B
FORT LAUDERDALE, FL 33351 US

Current Mailing Address:

8481 SPRINGTREE DRIVE
107-B
FORT LAUDERDALE, FL 33351 US

New Principal Place of Business:

8165 N UNIVERSITY DR
37
TAMARAC, FL 33321 US

New Mailing Address:

8165 N UNIVERSITY DR
37
FORT LAUDERDALE, FL 33351 US

FEI Number: 20-0855903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, SALOMON
8481 SPRINGTREE DRIVE
APT 107-B
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

GONZALEZ, SALOMON
8165 N UNIVERSITY DR
37
SUNRISE, FL 33321 US

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.

SIGNATURE: SALOMON GONZALEZ

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: GONZALEZ, SALOMON
Address: 8481 SPRINGTREE DRIVE 107-B
City-St-Zip: SUNRISE, FL 33351 US

Title: D () Delete
Name: GONZALEZ, SALOMON
Address: 8481 SPRINGTREE DRIVE 107-B
City-St-Zip: SUNRISE, FL 33351 US

Title: S () Delete
Name: ALCANTARA, DEYANIRA
Address: 8481 SPRINGTREE DRIVE 107-B
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: GONZALEZ, SALOMON
Address: 8165 N UNIVERSITY DR #37
City-St-Zip: TAMARAC, FL 33321 US

Title: D (X) Change () Addition
Name: GONZALEZ, SALOMON
Address: 8165 N UNIVERSITY DR #37
City-St-Zip: SUNRISE, FL 33321 US

Title: S (X) Change () Addition
Name: ALCANTARA, DEYANIRA
Address: 8165 N UNIVERSITY DR #37
City-St-Zip: SUNRISE, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALOMON GONZALEZ

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date