

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90469 009 ***150.00



DOCUMENT # P04000047341
 1. Entity Name
 ALBERTO X. GONZALES, INC.

Principal Place of Business
 P.O. BOX 1351
 LAKE CITY, FL 32056-1351

Mailing Address
 P.O. BOX 1351
 LAKE CITY, FL 32056-1351



2. Principal Place of Business
 P.O. Box 2997
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 2997
 Suite, Apt. #, etc.

04292006 Chg-P CR2E034 (11/05)

City & State
 Lake City, FL

City & State
 Lake City, FL

Zip
 32056

Zip
 32056

4. FEI Number
 55-0861964

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GONZALES, ALBERTO X
 268 SE COMERON TERR
 LAKE CITY, FL 32055

7. Name and Address of New Registered Agent
 Name Alberto X. Gonzales
 Street Address (P.O. Box Number is Not Acceptable)
 539 SW Finley Little Ln.
 City Lake City FL Zip Code 32055

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: *Albert Gonzales*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	GALLARDO, MARIO E	
STREET ADDRESS	707 SW BULTLER DR	
CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mario E. Gallardo	
STREET ADDRESS	677 SW Blaylock Ct.	
CITY-ST-ZIP	Lake City, FL 32024	
TITLE	Frank Cook	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ivan Cook	
STREET ADDRESS	1804 SW Wester Dr.	
CITY-ST-ZIP	Lake City, FL 32055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Albert Gonzales* Albert Gonzales 4-28-06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #