2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP ITILE ITIL	DOCUI 1. Entity Nam GONZO N	e	# P0400081 3, INC.			02-21-2005 9	90069 02	!1 ***158	8.75			
Suite, Apt. 8, etc.	13727 SW 1 SUITE#223	52ND STREI		13727 SW 152ND STR Suite#223	EET				,- 2011	Projekte se ostani	 	
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Name	Zip		,					Fee Required				
GONZALEZ, LUIS 31727 SW 152ND STREET SUITE#223 MIAMI, FL 33177 8. The above named onthy 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 Spruin, hond or printer name of registered agent und site if applicable. WIGHT Registered Agent spruinter name of registered agent. WIGHT Registered Agent, or both, in the State of Florida. I am familiar with, and accept the body printer name of registered agent. WIGHT Registered Agent spruinter name agent agen		6. Name	and Address of Current F	Registered Agent								
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S. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I sur familiar with, and accept the obligations of registered agent. SIGNATURE Signature, however printed memor of registered agent and bife if applicable. (NOTE Registered Agent signature required when remaining) After May 1, 2005 Fee will be \$550.00 SP. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added fees 10. OFFICERS AND DIFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME GONZALEZ, LUIS 13727 SW 152ND STREET, SUITE#223 SIREET ADDRESS CITY-ST-2P ITILE NAME SIREET ADDRESS CITY-ST-2P Delete TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS SIREET AD									č.	•		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employee of the 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 life empowered:	12 I hereby	L certify that th l on this reporporation or t	ne information supplied with ort or supplemental report is the receiver or trustee empt	this filing does not qualify fo true and accurate and that r wered to execute this report	r the exe	motion stated in S	ection 119.07(3 same legal effe 7, Florida Statut)(i), Florida Statutes. I let as if made under o les; and that my name	further cert eath; that I a appears in	ify that the in m an officer Block 10 o	nformation or director Block 11 if	