

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000096448 1. Entity Name MARLENE GONZALEZ, P.A.	
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Principal Place of Business 11229 NW 57TH LANE MIAMI, FL 33178	Mailing Address 11229 NW 57TH LANE MIAMI, FL 33178
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06212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2467048	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GONZALEZ, MARLENE 11229 NW 57TH LANE MIAMI, FL 33178	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

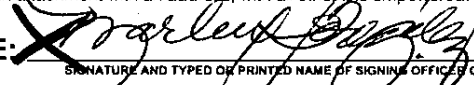
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, MARLENE 11229 NW 57TH LANE MIAMI, FL 33178
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06/26/06-80004-008 150.00

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:  Marlene Gonzalez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	6/1/06 Date	786- 443-7234 Daytime Phone #
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