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Secretary of State
02-01-2005 90038 002 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000142386

1. Entity Name
GERSON MUNOZ, INC.

Principal Place of Business
1916 6TH AVENUE SOUTH
LAKE WORTH FL 33461
US

Mailing Address
1916 6TH AVENUE SOUTH
LAKE WORTH FL 33461
US

2. Principal Place of Business: SAME
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State
Zip / Country

13 MOORE CR2E034 (10/04)

4. FEI Number 20-1762696 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MUNOZ, GERSON D
1916 6TH AVENUE SOUTH
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ____________________
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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MUNOZ, GERSON D	NAME	
STREET ADDRESS	1916 6TH AVENUE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33461	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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: ____________________ 03-20-05 561-5969484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

66010077

P04000142386

$412.00

SCHEDULE 1 (Form 2290)
(Rev. July 2004)
Department of the Treasury
Internal Revenue Service

Schedule of Heavy Highway Vehicles

For the period July 1, 2004, through June 30, 2005

This copy will be stamped and returned to you for use as proof of payment when registering vehicle(s) with a state.

OMB No. 1545-0143

Name as shown on Form 2290: EERSON DAVID MUÑOZ

Employer identification number: 20 1762696

Type or Print

Address (number, street, and room or suite no.): 1916 6TH AVE SOUTH

City, state, and ZIP code (For Canadian or Mexican address, see page 4 of the instructions.): LAKE WORTH FL 33461

INTERNAL REVENUE SERVICE
W&I FIELD ASSISTANCE
WEST PALM BEACH, FL

DEC 17 2004

RECEIVED
WITH REMITTANCE

Caution: *You must list all vehicles. Attach a separate list if needed.*

Part I **Vehicles on Which You Are Reporting Tax.** See page 7 of the instructions.

	Vehicle Identification Number	Category		Vehicle Identification Number	Category
1	1FKFD69X11582305	V	7		
2			8		
3			9		
4			10		
5			11		
6			12		

Part II **Vehicles for Which Tax Is Suspended—5,000 Miles or Less (7,500 Miles or Less for Agricultural Vehicles).** See page 7 of the instructions.

	Vehicle Identification Number	Category		Vehicle Identification Number	Category
1		W	2		W

Part III **Summary of Reported Vehicles**

a	Enter the number of taxable vehicles from Form 2290, page 2, column 3, **Totals**	a
b	Enter the total number of taxable vehicles on which the tax is suspended from Form 2290, page 2, column 3 (category W)	b

For Privacy Act and Paperwork Reduction Act Notice, see page 9 of the instructions.

Schedule 1 (Form 2290) (Rev. 7-2004)

*U.S. Government Printing Office: 2004 — 304-758/60260

03-20-05