

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-21-2005 90031 012 ***150.00

DOCUMENT # P04000159262

1. Entity Name
ROLANDO GONZALEZ, RN, CORP.



Principal Place of Business
**8165 NW 8TH ST #6
MIAMI, FL 33126**

Mailing Address
**8165 NW 8TH ST #6
MIAMI, FL 33126**

50056793



2. Principal Place of Business
8165 NW 8 ST.

3. Mailing Address
8321 NW 7 ST.

Suite, Apt. #, etc.
6

Suite, Apt. #, etc.
409

07142005 Chg-P CR2E034 (10/03)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
20-2123986

Applied For
Not Applicable

Zip Country
33126 USA

Zip Country
33126 USA

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

6. Name and Address of Current Registered Agent -

**GONZALEZ, ROLANDO
8165 NW 8TH ST #6
MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name
ROLANDO GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

8321 NW 7 ST., #409

City **MIAMI** **FL** Zip Code **33126**

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GONZALEZ, ROLANDO**
STREET ADDRESS **8165 NW 8TH ST #6**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **ROLANDO GONZALEZ**
STREET ADDRESS **8321 NW 7 ST., #409**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **X Rolando**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 7/18/05
Date

Daytime Phone #