

2005 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90487 010 ***150.00

DOCUMENT # P04000170049 1. Entity Name GUS GONZALEZ PA																													
Principal Place of Business 19111 COLLINS AVE UNIT 2804 SUNNY ISLES BEACH, FL 33160 US			Mailing Address 19111 COLLINS AVE UNIT 2804 SUNNY ISLES BEACH, FL 33160 US																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		66020003 																									
4. FEI Number 20-2025728				Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent PBA FINANCIAL SERVICES CORP 13935 NW 1ST AVE MIAMI, FL 33168			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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>GONZALEZ, GUSTAVO</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>16711 COLLINS AVE SUITE 806</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>SUNNY ISLES BEACH, FL 33160</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	GONZALEZ, GUSTAVO	☐	STREET ADDRESS	16711 COLLINS AVE SUITE 806		CITY- ST- ZIP	SUNNY ISLES BEACH, FL 33160		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐ ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change Addition	NAME		☐ ☐	STREET ADDRESS			CITY- ST- ZIP		
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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 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: <i>Gustavo Gonzalez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-26-05 Date																										
			305-689694 Daytime Phone #																										