


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90041 010 \*\*\*150.00

<b>DOCUMENT # P04000170049</b>	
1. Entity Name <b>GUS GONZALEZ PA</b>	

Principal Place of Business <b>19111 COLLINS AVE UNIT 2804 SUNNY ISLES BEACH, FL 33160 US</b>	Mailing Address <b>19111 COLLINS AVE UNIT 2804 SUNNY ISLES BEACH, FL 33160 US</b>
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2. Principal Place of Business - No P.O. Box # <b>7141 SW 80 St</b>	3. Mailing Address <b>7141 SW 80 St</b>
Suite, Apt. #, etc. <b>Miami Florida</b>	Suite, Apt. #, etc. <b>Miami Florida</b>
City & State	City & State
Zip <b>33143</b> Country <b>US</b>	Zip <b>33143</b> Country <b>US</b>



04062007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-2025728</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>PBA FINANCIAL SERVICES CORP 13935 NW 1ST AVE MIAMI, FL 33168</b>		7. Name and Address of New Registered Agent Name <b>PBA Financial Svcs Corp</b> Street Address (P.O. Box Number is Not Applicable) <b>1741 NE 98th St</b> <b>Miami Shores, FL 33138</b> City <b>FL</b> 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 *Sandra Perez* **Sandra Perez / Prn.** DATE 4/1/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GONZALEZ, GUSTAVO 16711 COLLINS AVE SUITE 806 SUNNY ISLES BEACH, FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gustavo Gonzalez* **Gustavo Gonzalez / Prn.** DATE 4/1/07 305-740-4209  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #