


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000171919</b>		
1. Entity Name 4 GONZ INVESTMENT, CORP.		

FILED  
05 JUL 29 PM 12: 29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 16930 NW 83RD AVENUE MIAMI, FL 33016	Mailing Address 16930 NW 83RD AVENUE MIAMI, FL 33016
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07082005 Chg-P CR2E034 (10/03)

4. FEI Number 20-2372905	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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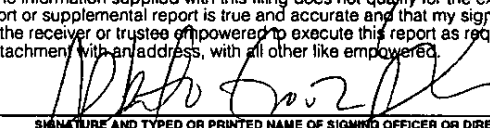
6. Name and Address of Current Registered Agent	
DUNKLEY, LINDSAY 16930 NW 83RD AVENUE MIAMI, FL 33016	

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	DATE 7/8/05

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	
NAME	GONZALEZ, ALBERTO O	NAME	
STREET ADDRESS	16930 NW 83RD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33016	CITY-ST-ZIP	
TITLE	DVP	TITLE	
NAME	GONZALEZ, JODI B	NAME	
STREET ADDRESS	16930 NW 83RD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33016	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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: 	DATE 7/8/05

Charter Number Only

7-28-05

DUNKLEY + ASSC.

Requestor's Name  
14100 PALMETTO FOUNTAIN  
Address  
MIAMI LAKES, FL 33016 #20  
City State ZIP Phone

(821) 6232

VALIDATION ONLY

CORPORATION(S) NAME

4 GONZ INVESTMENT, CORP.

# P04000171919

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment                | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Dissolution              | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Foreign             | <input checked="" type="checkbox"/> Annual Report | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation              | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Photo Copies             | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Call When Ready          | <input type="checkbox"/> Call If Problem            |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait                | <input checked="" type="checkbox"/> Pick Up         |
|  | <input type="checkbox"/> After 4:30               | <input type="checkbox"/> Mail Out                   |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

 Empire Toll Free: 1-800-432-3028