

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000033825  
 1. Entity Name  
 DOREEN GONZALES, P.A.



Principal Place of Business      Mailing Address  
 12404 RUSTIC VIEW CT      12404 RUSTIC VIEW CT  
 TAMPA, FL 33635      TAMPA, FL 33635



01082008      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 20-2401836      Applied For  
 Not Applicable  
 5. Certificate of Status Desired            \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent  
 GONZALES, DOREEN S  
 12404 RUSTIC VIEW CT  
 TAMPA, FL 33635

**DO NOT WRITE IN THIS SPACE**

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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.            \$5.00 May Be  
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GONZALES, DOREEN S
STREET ADDRESS	12404 RUSTIC VIEW CT
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000870090  
 04/03/08-80078-003 150.00

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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #