


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90351 048 ***150.00

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| DOCUMENT # P05000107990 | |  |
| 1. Entity Name YOHANY GONZALEZ P.A. | | |

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| Principal Place of Business 14320 LAKE CANDLEWOOD CT. MIAMI LAKES, FL 33014 | Mailing Address 14320 LAKE CANDLEWOOD CT. MIAMI LAKES, FL 33014 |
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| 2. Principal Place of Business 3825 WEST 16 AVENUE Suite, Apt. #, etc. SUITE # 5 City & State HIALEAH FL Zip 33012 Country MIAMI-DADE | 3. Mailing Address 3825 WEST 16 AVENUE Suite, Apt. #, etc. SUITE # 5 City & State HIALEAH FL Zip 33012 Country MIAMI-DADE |
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|---|--------------------------------|
| 03232006 Chg-P CR2E034 (11/05) | |
| 4. FEI Number 84-1687114 | Applied For Not Applicable |
| 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 GONZALEZ, YOHANY 14320 LAKE CANDLEWOOD CT. MIAMI LAKES, FL 33014 | |
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| 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 reinstating)

DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GONZALEZ, YOHANY 14320 LAKE CANDLEWOOD CT. MIAMI LAKES, FL 33014 <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 | ST GONZALEZ, SERGIO 14320 LAKE CANDLEWOOD CT. MIAMI LAKES, FL 33014 <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 | V MONS, ORESTES JR. 14320 LAKE CANDLEWOOD CT. MIAMI LAKES, FL 33014 <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: *[Signature]* 3/27/06 305-823-9138

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