


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000059014

1. Entity Name
ALICIA NORWOOD & VICTORIA GONZALEZ, INC.



Principal Place of Business
**61 N.E. 14TH STREET
 HOMESTEAD, FL 33030**

Mailing Address
**61 N.E. 14TH STREET
 HOMESTEAD, FL 33030**

DO NOT WRITE IN THIS SPACE



05152008 No Chg-P CR2E034 (11/05)

4. FEI Number 83-0458621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHOOS, S. SCOTT ESQ.
 44 N.E. 16TH STREET
 HOMESTEAD, FL 33030**

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 _____ DATE 05/04/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$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.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD NORWOOD, ALICIA 61 N.E. 14TH STREET HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD GONZALEZ, VICTORIA 61 N.E. 14TH STREET HOMESTEAD, FL 33030
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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: Alicia H. Norwood Date 5/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 305-247-3826