

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000046363

Entity Name: GONZALEZ NETMARK, INC

FILED  
Apr 23, 2009  
Secretary of State

## Current Principal Place of Business:

4789 SW 148TH AVE  
SUITE 205  
DAVIE, FL 33330

## New Principal Place of Business:

13877 SW 44 ST  
DAVIE, FL 33330

## Current Mailing Address:

4789 SW 148TH AVE  
SUITE 205  
DAVIE, FL 33330 US

## New Mailing Address:

13877 SW 44 ST  
DAVIE, FL 33330 US

FEI Number: 26-2565077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, REINOL A  
4789 SW 148TH AVE  
SUITE 205  
DAVIE, FL 33330 US

## Name and Address of New Registered Agent:

GONZALEZ, REINOL A  
13877 SW 44 ST  
DAVIE, FL 33330 US

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.

SIGNATURE: REINOL A. GONZALEZ

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GONZALEZ, REINOL A  
Address: 4789 SW 148TH AVE #205  
City-St-Zip: DAVIE, FL 33330 US

Title: VP ( ) Delete  
Name: GONZALEZ, MARTHA E  
Address: 4789 SW 148TH AVE #205  
City-St-Zip: DAVIE, FL 33330 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GONZALEZ, REINOL A  
Address: 13877 SW 44 ST  
City-St-Zip: DAVIE, FL 33330 US

Title: VP (X) Change ( ) Addition  
Name: GONZALEZ, MARTHA E  
Address: 13877 SW 44 ST  
City-St-Zip: DAVIE, FL 33330 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REINOL A. GONZALEZ

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date