

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90050 021 \*\*\*150.00

DOCUMENT # P93000063202

1. Entity Name

GONZALEZ & SON MOVERS, INC.



Principal Place of Business

17053 SW 138TH CT.  
MIAMI FL 33157  
US

Mailing Address

17053 SW 138TH CT.  
MIAMI FL 33157  
US

2. Principal Place of Business

17053 S.W 138 CT

3. Mailing Address

17053 S.W 138 CT



MOORE CR2E034 (11/03)

Suite, Apt. #, etc.

Miami

Suite, Apt. #, etc.

Miami

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0434875

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

Zip

Country

33177

DADE

Zip

Country

33177

DADE

6. Name and Address of Current Registered Agent

GONZALEZ, SABAR  
17053 SW 138 CT  
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

SABAR GONZALEZ

Street Address (P.O. Box Number is not Acceptable)

17053 S.W 138 CT

City

Miami

FL

Zip Code

33177

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GONZALEZ, SABAR	
STREET ADDRESS	1705 SW 138 CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GONZALEZ, ANA G	
STREET ADDRESS	14805 SW 124TH PL	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GONZALEZ, ABRAHAM S	
STREET ADDRESS	17053 SW 138 CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/04