

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90030 042 ***150.00

DOCUMENT # P93000063202

1. Entity Name

GONZALEZ & SON MOVERS, INC.



Principal Place of Business

14520 SW 179 LANE
MIAMI FL 33177
US

Mailing Address

14520 SW 179 LANE
MIAMI FL 33177
US

2. Principal Place of Business - No P.O. Box #

14520 SW 179 LANE

3. Mailing Address

14520 SW 179 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33177

Country

DADE

Zip

33177

Country

DADE

4. FEI Number

65-0434875

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, SABAS
14520 SW 179 LANE
MIAMI FL 33177

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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
NAME GONZALEZ, SABAS
STREET ADDRESS 14520 SW 179 LANE
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE VP
NAME GONZALEZ, ABRAHAM S
STREET ADDRESS 14520 SW 179 LANE
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President
NAME Gonzalez Sabas
STREET ADDRESS 14520 SW 179 LANE
CITY-ST-ZIP MIAMI FL 33177 ☐ Change ☐ Addition

TITLE VP
NAME Gonzalez Abraham S
STREET ADDRESS 14520 SW 179 LANE
CITY-ST-ZIP MIAMI FL 33177 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3/16/07 304378853