2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

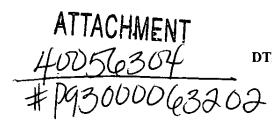
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 01, 2008 8:00 am Secretary of State DOCUMENT # P93000063202 1. Entity Name 04-01-2008 90009 047 ***150.00 GONZALEZ & SON MOVERS, INC. Mailing Address Principal Place of Business 14520 SW 179 LANE 14520 SW 179 LANE MIAMI FL 33177 **MIAMI FL 33177** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/07) 1st MOORE Applied For City & State City & State 4. FEI Number 65-0434875 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALEZ SABAS Street Address (P.O. Box Number is Not Acceptable) 14520 SW 179 LANE **MIAMI FL 33177** Zip Code FL 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 granted manar of registered ament and the ill applicable. NOTE Fegisheed Agent agreature required when reincolling: FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Addition TITLE ☐ Deiere NAME GONZALEZ, SABAS NAME 14520 SW 179 LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33177 Addition VΡ ☐ Change ☐ Darete TITLE TITLE GONZALEZ, ABRAHAM S NAME HAME STREET ADORESS 14520 SW 179 LANE STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP MIAMI FL 33177 ☐ Change Addition TITLE ☐ Derete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ De ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with Inis filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information fine and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director bowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 is, with all other the empowered. indicated on this report or supplemental report the corporation or the receiver or trustee of changed, or on an attachment with an additional control of the corporation of the receiver or trustee of the corporation of the

FILED

Day: me Phone •



DTN: 1637267 IM644

1. Registered Dusiness Hame and I finiary Dusiness Lo	cation.
Name: GONZALEZ & SON MOVERS, INC	
Street Address: 14520 SW 179TH LN	
City, State and Zip: MIAMI, FL 33177-2631	Phone: 305-378-8535
FEIN: 65-0434875	Fax: 305-254-0304
E-mail: gonzalezandsonmovers@hotmail.com	
2. Mailing Address (if different):	
Street Address: 14520 SW 179TH LN	
City, State and Zip: MIAMI, FL =33177-2631	Phone:
3. Trade or fictitious name(s):	
a	Date Registered:
b	Date Registered:
Address: City, State, and Zip:	Phone:
b. Name:	
Address:City. State, and Zip:	Phone:
5. If a corporation, please complete the following	
a. State of incorporation Florida	
c. Charter Number:	<u> </u>
	ate of Florida:
e. Occupational license numbers, if applicable:	
6. Full name of the registered agent: SABAS GONZA	LEZ
Street Address: 14520 5W 179	FA
City: MIZMi	State: 19 Zip Code: 33197
Mailing Address (if different): 14520 SW 179TH I	
City: MIAMI	State: FL Zip Code: 33177-2631

P93000063202 DTN: 1637267 IM644

0. Name of liability insurance	carrier (please provide proof of coverage):	
Name of carrier:	• `	<u> </u>
Address:		
City:	State: Zip Code:	Phone:
Is the mover licensed/regis	tered in any county or municipality ? YES	NO A
	cipalities (Attach additional sheets indicating ques n certificate or license for each.):	tion number, it necessary. Flease
provide copy of registration		
provide copy of registration	n certificate or license for each.):	