


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000024107
1. Entity Name
LAW OFFICES OF GONZALEZ & ASSOCIATES, P.A.



Principal Place of Business Mailing Address
8105 N.W. 155TH STREET 8105 N.W. 155TH STREET
MIAMI LAKES, FL 33016 US MIAMI LAKES, FL 33016 US

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEJ Number Applied For
65-0745485 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GONZALEZ, MARIANO R ESQ
8105 N.W. 155TH STREET
MIAMI LAKES, FL 33016

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000133463
04/28/04-80061-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, MARIANO R ESQ
STREET ADDRESS	8105 N.W. 155TH STREET
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 fees empowered.

SIGNATURE: _____ **4/26/04** **305-428-0011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #