

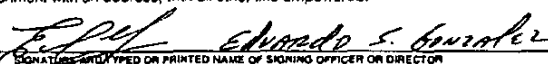


# 2005 FOR PROFIT CORPORATION- ANNUAL REPORT

7/11/2005-90119-020-\$150.00-\$150.00

2005 NOV 14 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P97000075741</b>			
1. Entity Name <b>EDUARDO S. GONZALEZ, P.A.</b>			
Principal Place of Business <b>8180 NW 36 STREET, #230. MIAMI, FL 33166</b>		Mailing Address <b>8180 NW 36 STREET, #230. STE 100 MIAMI, FL 33166</b>	
2. Principal Place of Business <b>7200 N.W. 19 ST. Suite, Apt. #, etc. SUITE 301 City &amp; State MIAMI, FL Zip 33126 Country USA</b>		3. Mailing Address <b>7200 N.W. 19 ST. Suite, Apt. #, etc. SUITE 301 City &amp; State MIAMI, FL Zip 33126 Country USA</b>	
4. FEI Number <b>65-0778640</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GONZALEZ, EDUARDO S 8180 NW 36 STREET, #230 MIAMI, FL 33166</b>		7. Name and Address of New Registered Agent Name <b>GONZALEZ, EDUARDO S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7200 N.W. 19 ST. SUITE 301</b> City <b>MIAMI</b> FL Zip Code <b>33126</b>	
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  DATE <b>7-8-05</b> <small>Signature of registered agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GONZALEZ, EDUARDO S 8180 NW 36TH STREET, #230 MIAMI, FL 33166</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GONZALEZ, EDUARDO S. 7200 N.W. 19 ST. SUITE 301 MIAMI, FL 33126</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>7-8-05</b> (305) 477-7447 <small>Daytime Phone #</small>	



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11/15/05