## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

of the corporation or the re changed, or on an attachn

SIGNATURE:

## Mar 18, 2005 8:00 am Secretary of State DOCUMENT # P98000011098 03-18-2005 90061 012 \*\*\*150.00 L.A. GONZALEZ LAW OFFICES, P.A. Principal Place of Business Mailing Address 20022439 809 IRMA AVENUE 809 IRMA AVENUE SUITE #1 SUITE #1 ORLANDO, FL 32803 ORLANDO, FL 32803 No Chg-P CR2E034 (10/03) 03122005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3490650 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALEZ, LUIS A DO NOT WRITE 809 IRMA AVENUE SUITÉ#1 IN THIS SPACE ORLANDO, FL 32803 y submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamiliar with, and accept 8. The above nag the obligation SIGNATURE red agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE GONZALEZ, LUIS A NAME STREET ADDRESS 809 IRMA AVENUE, SUITE 1 CITY-ST-ZIP ORLANDO, FL 32803 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IE TITLE STREET ADDRESS CITY-ST-ZIP Applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fall 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 isster amprovemed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 12. I hereby certify that the inform indicated on this report or sug

OF SIGNING OFFICER OR DIRECTOR

**FILED**