

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000038083**

1. Entity Name  
**GERMAN AND XIOMARA GONZALEZ, INC.**



Principal Place of Business  
**2301 W MARTIN LUTHER KING BLVD  
TAMPA, FL 33607 US**

Mailing Address  
**1112 COUNTY LINE RD  
LUTZ, FL 33558 US**



01272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3508886**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GONZALEZ, XIOMARA  
2301 W MARTIN LUTHER KING BLVD  
TAMPA, FL 33607**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GONZALEZ, XIOMARA 2301 W MLK BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, GERMAN 2301 W MLK BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, XIOMARA 2301 W MLK BLVD TAMPA, FL 33607
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000000022629  
01/30/04-80051-015 150.00

**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)(l), 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:** *Xiomara Gonzalez* **Xiomara Gonzalez** 1/27/04 813  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #