

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90022 017 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000106172
 1. Entity Name
 LA HORMIGA DE ORO # 1



40103334

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 7902 PINES BLVD
 Suite, Apt. #, etc.

3. Mailing Address
 125 S.W. 84th AVE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 PEMBROKE PINES, FL

City & State
 MIAMI, FL

Zip 33024 Country USA Zip 33144 Country USA

4. FEI Number 65-0899342 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name DANIEL GONZALEZ
 Street Address (P.O. Box Number is Not Acceptable)
 125 SW 84th AVE
 City MIAMI, FL Zip Code 33144

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 _____
(NOTE: Registered Agent signature required when re-licensing)



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	D DANIEL GONZALEZ 125 SW 84th AVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS GONZALEZ 125 SW 84th AVE MIAMI, FL 33144
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel Gonzalez 04/23/08 954-894-7340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Phone #

CRZE034B (12/02)