2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 09, 2004 8:00 am DOCUMENT # P99000030047 **Secretary of State** 1. Entity Name 03-09-2004 90050 003 \*\*\*150.00 GONZALEZ & HERBERT, P.A. Principal Place of Business Mailing Address 55 WESTON RD 55 WESTON RD WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address · Connecce CR2E034 (11/03) City & State 4. FEI Number Applied For 65-0914111 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERBERT, CURTIS J O-Box Number is Not Acceptable 55 WESTÓN RD #406 WESTON FL 33326 8. The above named entity bmits 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. gistered agent and litle if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE HERBERT, CURTIS J NAME NAME 2225 D. Commerce & Kus #8, Wester, R. 33326 55 WESTON RD. #406 STREET ADDRESS STREET ADDRESS CITY-ST-7IP WESTON FL 33326 CITY-ST-ZIP 2225 D. Commerce fxwg &f Westa, fr 33326 **VPDS** TITLE ☐ Delete TITLE NAME GONZALEZ, MARITZA NAME 55 WESTON RD., STE 406 STREET ADDRESS STREET ADDRESS CITY-ST-7/P WESTON FL 33326 CITY-ST-ZIP TTTLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-2IP 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 employeed 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.