

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000058089

Entity Name: ALINA GONZALEZ, PA

FILED  
Feb 15, 2008  
Secretary of State

**Current Principal Place of Business:**

2645 S BAYSHORE DR  
502  
MIAMI, FL 331335433

**New Principal Place of Business:**

**Current Mailing Address:**

2645 S BAYSHORE DR  
502  
MIAMI, FL 331335433

**New Mailing Address:**

FEI Number: 65-0941760      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONZALEZ, ALINA  
2645 S BAYSHORE DR #502  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: GONZALEZ, ALINA  
Address: 2645 S BAYSHORE DR #502  
City-St-Zip: MIAMI, FL 331335433

Title: D ( ) Delete  
Name: GONZALEZ, SILVANO  
Address: 2645 S BAYSHORE DR #502  
City-St-Zip: MIAMI, FL 331335433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVANO GONZALEZ

DIRE

02/15/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date