

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90066 047 ***150.00

DOCUMENT # S85517

1. Entity Name

LAW OFFICES OF GLORIA C. GONZALEZ, P.A.



Principal Place of Business

118 E 49 ST.
HIALEAH, FL 33013 US

Mailing Address

118 E 49 ST.
HIALEAH, FL 33013 US

40093517



DO NOT WRITE IN THIS SPACE

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0309045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, GLORIA C
118 E 49 ST
HIALEAH, FL 33013

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GONZALEZ, GLORIA C
STREET ADDRESS 118 E 49 ST
CITY-ST-ZIP HIALEAH, FL 33013

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 207, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

355 827 0035

40099128
Division of Corporations

2007 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the
annual report form.

This information cannot be changed on the report.	
Document Number	P04000053836
Business Entity Name	ESQUIRE PROCESS SERVICE, COURIER AND COPY SERVICE, INC.
Original File Date	03/26/2004

FEI Number 84-1642119

Principal Address 118 EAST 49TH STREET
HIALEAH, FL 33013

Mailing Address 118 EAST 49TH STREET
HIALEAH, FL 33013

Registered Agent JR. MAYES GLENN HOWARD
118 EAST 49TH STREET
HIALEAH, FL 33013 US

Officer/Director Name And Address

D
JR. MAYES GLENN HOWARD
118 EAST 49TH STREET
HIALEAH, FL 33013

If all of the above
information is correct and
you do not wish to make
any changes, please
select:

No Changes

If you need to make
changes to the above
information, please
select:

Make Changes

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