


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 18, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P04000065457 1. Entity Name SOTTIL GOMEZ PUBLICATIONS, INC.	
--	---

Principal Place of Business 170 SUNPORT LANE SUITE 900 ORLANDO, FL 32809	Mailing Address 170 SUNPORT LANE SUITE 900 ORLANDO, FL 32809
---	---



02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1020043	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent

GOMEZ, OCTAVIO  
170 SUNPORT LANE  
SUITE 900  
ORLANDO, FL 32809

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

U00000764910  
05/31/07-80018-010 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, OCTAVIO 170 SUNPORT LANE, SUITE 900 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOTTIL, LUIS 170 SUNPORT LANE, SUITE 900 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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 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: *Octavio Gomez* 2/22/07 407-240-6150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Octavio Gomez