


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90066 033 ***158.75

DOCUMENT # P06000010904

1. Entity Name
MENENDEZ & GOMEZ CORP.




Principal Place of Business Mailing Address
799 SW 73RD COURT 799 SW 73RD COURT
MIAMI, FL 33144 MIAMI, FL 33144

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

40109100



04292007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4190316** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
MENENDEZ, DENEYSIS
799 SW 73RD COURT
MIAMI, FL 33144

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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	PD	<input type="checkbox"/> Delete
NAME	MENENDEZ, DENEYSIS	
STREET ADDRESS	11780 SW 18 STREET #304	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOMEZ, AMARILIS D	
STREET ADDRESS	10891 NW 7 STREET #24	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MENENDEZ, JOSE A	
STREET ADDRESS	10891 NW 7 STREET #24	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MENENDEZ, JESLS	
STREET ADDRESS	10891 NW 7 STREET #24	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **X** *(Signature)* **JOSE A. MENENDEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **(DIRECTOR)**

Date: **04/30/07** Daytime Phone #: **(305) 261-9157**