2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 606060

1. Entity Name

MICHAEL N. GOMES, ATTORNEY, PROFESSIONAL ASSOCIATION



FILED Feb 19, 2008 08:00 AM Secretary of State

Principal Place of Business

2401 E ATLANTIC BLVD #210 POMPANO BCH, FL 33062 Mailing Address

2401 E ATLANTIC BLVD #210 POMPANO BCH, FL 33062



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5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMES, MICHAEL N. 2401 E ATLANTIC BLVD SUITE 210 POMPANO BEACH, FL 33062 DO NOT WRITE
IN THIS SPACE

POMPANO	O BEACH, FL 33062								
	e named entity submits this statement for the pritions of registered agent	urpose of changing its registere	ed office or re	egistered agent, or b	ooth, in the State of Flo	rida I am familiar wit	th, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registerer	id Agent signalure	a required when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution	ncing /	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS	11 st. V ₁ , v,	STALL STAN		PORT DES	Transi		
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12. I hereby certify that the information supplied with this fitting 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 aderess, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

<u>s, President</u>

1/31/2008

954-942-0910

Daytime Phone #