


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # 606060**


1. Entity Name  
**MICHAEL N. GOMES, ATTORNEY, PROFESSIONAL ASSOCIATION**



Principal Place of Business      Mailing Address

**2401 E ATLANTIC BLVD #210**      **2401 E ATLANTIC BLVD #210**  
**POMPANO BCH, FL 33062**      **POMPANO BCH, FL 33062**

**DO NOT WRITE IN THIS SPACE**



01312008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For

**59-1875976**      Not Applicable

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**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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
NAME	GOMES, MICHAEL N
STREET ADDRESS	2401 E. ATLANTIC BLV 210
CITY-ST-ZIP	POMPANO BCH, FL 00000,
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**

000000832547  
 02/27/08-80063-012 150.00

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:**  **Michael N. Gomes, President**    **1/31/2008**    **954-942-0910**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #