

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 606060

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2401 E ATLANTIC BLVD #210  
POMPANO BCH, FL 33062

**New Principal Place of Business:**

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

**Current Mailing Address:**

2401 E ATLANTIC BLVD #210  
POMPANO BCH, FL 33062

**New Mailing Address:**

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

FEI Number: 59-1875976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOMES, MICHAEL N.  
2401 E ATLANTIC BLVD  
SUITE 210  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GOMES, MICHAEL N  
Address: 2401 E. ATLANTIC BLV 210  
City-St-Zip: POMPANO BCH, FL 00000,

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL N. GOMES

PRES

02/01/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date