2007 FOR PROFIT CORPORATION ANNUAL PEPORT

DOCUMENT # K54623

1. Entity Name

IVAN A. GOMEZ, P.A.

FILED Mar 30, 2007 08:00 AM **Secretary of State**

Principal Place of Business

601 BRICKELL KEY DR.

#507 MIAMI, FL 33131 US Mailing Address

601 BRICKELL KEY DR.

#507

MIAMI, FL 33131 US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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03182007	No Chg-P	CR2E034 (11/05)	

Applied For 4. FEI Number 65-0098974 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

GOMEZ, IVAN A. 601 BRICKELL KEY DR.

#507

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33131			114 11110 017102		
	named entity submits this statement for the ptions of registered agent.	ourpose of changing its registered of	office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	I applicable (NOTE: Registered Ag	ent eigneture	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financir Trust Fund Contribution.	'9 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		····	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, IVAN A. 601 BRICKELL KEY DR. #507 MIAMI, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000684251 04/06/07 00025 008 158.75
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS			IN THIS SPACE		

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP