

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069229

FILED
May 01, 2006
Secretary of State

Entity Name: LAW OFFICE OF MARY C. GOMEZ, P.L.

Current Principal Place of Business:

7850 NW 146 STREET
SUITE 403
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

7975 NW 155 STREET
SUITE B
MIAMI LAKES, FL 33016 US

Current Mailing Address:

7850 NW 146 STREET
SUITE 403
MIAMI LAKES, FL 33016 US

New Mailing Address:

7975 NW 155 STREET
SUITE B
MIAMI LAKES, FL 33016 US

FEI Number: 20-1703866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GOMEZ, MARY C
7850 NW 146 STREET
SUITE 403
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

GOMEZ, MARY C
7975 NW 155 STREET
SUITE B
MIAMI LAKES, FL 33016 US

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:

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MS. () Delete
Name: GOMEZ, MARY C
Address: 7850 NW 146 STREET, # 403
City-St-Zip: MIAMI LAKES, FL 33016 US

ADDITIONS/CHANGES:

Title: MS. (X) Change () Addition
Name: GOMEZ, MARY C
Address: 7975 NW 155 STREET, SUITE B
City-St-Zip: MIAMI LAKES, FL 33016 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARY C. GOMEZ

MS

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date