

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017086

Entity Name: GOMEZ INSURANCE AGENCY, INC.

FILED
May 22, 2009
Secretary of State

Current Principal Place of Business:

2561 MAYFAIR LANE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

194 BROOKLAKE ROAD
FLORHAM PARK, NJ 07932

New Mailing Address:

2561 MAYFAIR LANE
WESTON, FL 33327

FEI Number: 65-0993152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, PATRICIA
2561 MAYFAIR LANE
WESTON, FL 33327 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOMEZ, PATRICIA
Address: 2561 MAYFAIR LANE
City-St-Zip: WESTON, FL 33327

Title: VP () Delete
Name: GOMEZ, HENRY
Address: 2561 MAYFAIR LANE
City-St-Zip: WESTON, FL 33327

Title: S () Delete
Name: COLASUONNO, RENE
Address: 2561 MAYFAIR LANE
City-St-Zip: WESTON, FL 33327

Title: T () Delete
Name: GALANTE, LISA
Address: 194 BROOKLAKE RD
City-St-Zip: FLORHAM PARK, NJ 07932

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RENE COLASUONNO

S

05/22/2009

Electronic Signature of Signing Officer or Director

Date