## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2005 08:00 AM Secretary of State

DOCUMENT # P0000060842  1. Entity Name GOMEZ ZAPATA CORPORATION	Secretary of State
Principal Place of Business Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145  Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145	
DO NOT WRITE IN THIS SPA	01052005 No Chg-P CR2E034 (10/03)
6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 MIAMI, FL 33145	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  Signature in the state of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the state of Florida. I am familiar with accept the state of Florida. I am familiar	
10. OFFICERS AND DIRECTORS	1248
TITLE PSTD  NAME* GOMEZ, JOSE RODRIGO  STREET ADDRESS 21050 N.E. 38TH AVENUE, APT. 1503, BLDG. 3  CITY-ST-ZIP AVENTURA, FL 33180	· ·
TITLE* NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
NAME STREET AGORESS CITY- ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- <del> </del>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	· ··
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 attackment with an address, with all other like ampowered.	
SIGNATURE: TOWATURE AND TYPED OF PRINTED HAVE OF BUSINESS OF DIRECT	2-11-05
JOSE RODRICO GOMEZ, PRESIDENT	