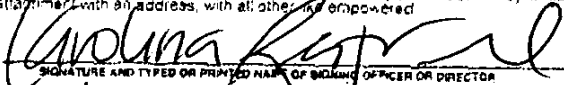


FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90355 042 ***158.75

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000030760			
1. Entry Name GOMEZ RESTREPO ENTERPRISES, INC.			
Principal Place of Business 16400 COLLINS AVE. APT. 642 SUNNY ISLES BCH, FL 33160		Mailing Address 16400 COLLINS AVE. APT. 642 SUNNY ISLES BCH, FL 33160	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1053670		Applying For Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fees Required	
6. Name and Address of Current Registered Agent GOMEZ, ANDRES 16400 COLLINS AVE. 642 SUNNY ISLES BCH, FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and date (if applicable)		DATE _____ (NOTE: New Agent Signatures required when necessary)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added - Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RESTREPO, NATALIA 16400 COLLINS AVE APT 642 SUNNY ISLES BCH, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO RESTREPO, CAROLINA 16400 COLLINS AV, APT 642 SUNNY ISLES BCH, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR			