FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90355 042 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000090760

1. Entity Name
GOMEZ RESTREPO ENTERPRISES, INC.

20049459

Principal Place of Business	Mailing Address
16400 COLLINS AVE. APT. 642 SUNNY ISLES BCH, FL 33160	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

04042005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1053570 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, ANDRES
169400 COLLINS AVE. 642
SUNNY ISLES BEACH, FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	☐ Delete
NAME	RESTREPO, NATALIA	
STREET ADDRESS	16400 COLLINS AVE APT 642	
CITY-ST-ZIP	SUNNY ISLES BCH, FL 33160	
TITLE	PD	☐ Delete
NAME	RESTREPO, CAROLINA	
STREET ADDRESS	16400 COLLINS AV, APT 642	
CITY-ST-ZIP	SUNNY ISLES BCH, FL 33160	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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)(i), 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: Carolina Restrepo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #