2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# P00000090760

Entity Name: GOMEZ RESTREPO ENTERPRISES, INC.

Current Principal Place of Business:

16400 COLLINS AVE.
APT. 642
SUNNY ISLES BCH, FL 33160

New Principal Place of Business:

Current Mailing Address:

16400 COLLINS AVE.
APT. 642
SUNNY ISLES BCH, FL 33160

New Mailing Address:

FEI Number: 65-1053570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOMEZ, ANDRES
166400 COLLINS AVE. 642
SUNNY ISLES BEACH, FL 33160 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: SD ( ) Delete
Name: RESTREPO, NATALIA
Address: 16400 COLLINS AVE. APT 642
City-St-Zip: SUNNY ISLES BCH, FL 33160

Title: PD (X) Delete
Name: RESTREPO, CAROLINA
Address: 16400 COLLINS AV, APT 642
City-St-Zip: SUNNY ISLES BCH, FL 33160

Title: VP ( ) Delete
Name: NAVARRO, JUAN PABLO
Address: 16400 COLLINS AVE.
City-St-Zip: SUNNY ISLES BCH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VELEZ, MICHAEL
Address: 16400 COLLINS AVE. APT 642
City-St-Zip: SUNNY ISLES BCH, FL 33160

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: MICHAEL VELEZ P 02/23/2009

Electronic Signature of Signing Officer or Director — Date