' '2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 08:00 AM Secretary of State

ANNUAL REPURI						Secretary of State				
DOCUMENT # P0100006568 1. Entity Name RICHARD C. GOMEZ INSURANCE, INC.						Secre	tary o	n Sta		
Principal Place of Business Mailing Address 12309 SOUTHWEST 112TH STREET 12309 SOUTHWEST MIAMI, FL 33186 MIAMI, FL 33186			12TH STREET		1					
mann, ic gai		Minne IC Do 100			E ESCRIGATOR CO.	A CARL MAN A CONTRACTOR	RRITE AUTON RENER DE	(UR BRIEN BREER 20	111 88)	
2. Principal Plac	ce of Business	3. Mailing Address								
Suite, Apt. #, etc		Suite, Apt. #, etc.		03142006	Chg-P	CR2E0	34 (11/05)			
City & State		City & State		4. FEI Number 65-1068				oplied For of Applicable		
Zlρ	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add		
	6. Name and Address of Current R	egistered Agent	<u> </u>		7. Name and	Address of New	Registered /	Agent		
GOMEZ, RICHARD										
12309 SW 112 STREET MIAMI, FL 33186				Street Adoress (ri Adoress (P.O. Box Number is Not Acceptable)					
				City				Zip Ced	e	
8. The above or	amed entity submits this statement for	the purpose of changing its	renister	<u> </u>	ed agent by bot	h in the State of	FL Floride Lam	<u> </u>		
	ns of registered agent.	me parabos ar arraiging na	, , ,				10000			
SIGNATURE	grature, typed or printed name of registered agent an	id title if approache. (NOT	E: Registere	d Agent agnature requires	(when remetaling)		DATE		 .	
FILE After May	NOW!!! FEE IS \$150.00 7 1, 2006 Fee will be \$550.0	9. Election Campa Trust Fund Conf			.00 May Be ed to Fees				į.	
10.	OFFICERS AND D	HECTORS	11,		ADDITIONS/	CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11	
	PSTD	C Delete	זוזנ	- 1				☐ Change	Addition "	
NAME GOMEZ, RICHARD C STREET ADDRESS 12309 SOUTHWEST 112TH STREET		EET .	NAM STRI	ET ADORESS		Uñôŭi	634 7 3444			
GIY-57-ZP MIAMI, FL 33186				-ST- <i>U</i> P		03/ 91 /08	<u>-80017-</u>	009 15	0.00	
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NAME			NAM							
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NAME CORRECT ADDRESS			NAM						}	
STREET ADDRESS CITY-ST-ZIP				et address -st-2ip						
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NAME			NAM	- t						
STREET ADDRESS CITY-ST-ZIP	_			et adoress -St-2P			_		i	
12. I hereby cer indicated on of the corpo changed, or	tify that the information supplied with this report or supplemental report is tration or the receiver or trustee empower on an attachment with an address, with	his filing does not qualify to rue and accurate and that r wered to execute this report that other like empowered	n the exe ny signa as requi	emptions contained ture shall have the red by Chapter 607	i in Chapter 119, same legal effect , Florida Statutes	Florida Statutes as if made unde s; and that my na	. I further certiler oath; that i a me appears in	ly that the ir m an officer t Block 10 or	of director Block 11 if	

SOMETIME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR