

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000075172 1. Entity Name GOMEZ & GOMEZ ENTERPRISES INC.	
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Principal Place of Business 7805 LOS PINOS CIR. CORAL GABLES, FL 33143	Mailing Address 7805 LOS PINOS CIR. CORAL GABLES, FL 33143
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02142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1132344	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GOMEZ, ARMELIO J 7805 LOS PINOS CIR. CORAL GABLES, FL 33143

**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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 NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, MARTHA G 7805 LOS PINOS CIR. CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, ARMELIO J 7805 LOS PINOS CIR. CORAL GABLES, FL 33143
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**DO NOT WRITE
IN THIS SPACE**

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: *Martina F. Gomez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05
Date

Daytime Phone #