

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042251

Entity Name: CLAUDIO R. GOMEZ, PA

FILED
May 03, 2005
Secretary of State

Current Principal Place of Business:

1615 SOUTH FEDERAL HWY
201
BOCA RATON, FL 33432

New Principal Place of Business:

3446 SOUTH UNIVERSITY DR
DAVIE, FL 33328

Current Mailing Address:

842 TANGLEWOOD CIRCLE
WESTON, FL 33327

New Mailing Address:

3446 SOUTH UNIVERSITY DR
DAVIE, FL 33328

FEI Number: 03-0426357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, CLAUDIO R
1825 MAIN STREET
201
WESTON, FL 33326 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GOMEZ, CLAUDIO R
Address: 1012 SEVILLA CIRCLE
City-St-Zip: FT LAUDERDALE, FL 33326

Title: DV () Delete
Name: VALERY, MARIA C
Address: 1012 SEVILLA CIRCLE
City-St-Zip: FT LAUDERDALE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GOMEZ, CLAUDIO R
Address: PO BOX 970741
City-St-Zip: COCONUT CREEK, FL 33097

Title: DV (X) Change () Addition
Name: VALERY, MARIA C
Address: PO BOX 970741
City-St-Zip: COCONUT CREEK, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLAUDIO R GOMEZ

P

05/03/2005

Electronic Signature of Signing Officer or Director

_____ Date