


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000052914  
 1. Entity Name  
 RAFAEL GOMEZ, INC.



Principal Place of Business 1331 SORENTO DR. WESTON, FL 33326	Mailing Address 1331 SORENTO DR. WESTON, FL 33326
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**DO NOT WRITE IN THIS SPACE**



02252004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0442913	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, RAFAEL A  
 1331 SORRENTO DR  
 WESTON, FL 33326

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000088545  
 03/15/04-80056-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GOMEZ, RAFAEL 1331 SORRENTO DR WESTON, FL 33326
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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: *Rafael Gomez* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_