

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90031 018 ***150.00

DOCUMENT # P02000065192 1. Entity Name GOMEZ & CASTANEDA, CORP.					
Principal Place of Business 17740 NW 67 AVENUE SUITE 624 HIALEAH, FL 33015			Mailing Address 17740 NW 67 AVENUE SUITE 624 HIALEAH, FL 33015		
2. Principal Place of Business 17740 NW 67 Ave Suite, Apt. #, etc. 624			3. Mailing Address Same Suite, Apt. #, etc. 		
City & State Hialeah FL			City & State 		
Zip 33015		Country USA		4. FEI Number 02-0639095	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GOMEZ, CARLOS F 17740 N.W. 67 AVE. SUITE 624 HIALEAH, FL 33015				7. Name and Address of New Registered Agent Name Carlos Gomez Street Address (P.O. Box Number is Not Acceptable) 15381 SW 40 TERR City Miami FL Zip Code 33185	
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 1/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOMEZ, CARLOS E 17740 N.W. 67 AVE. SUITE 624 HIALEAH, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Carlos Gomez 15381 SW 40 TERR MIAMI, FL 33185	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CASTANEDA, LUIS J 17740 N.W. 67 AVE. SUITE 624 HIALEAH, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date 1/29/04 Daytime Phone #		