FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90237 024 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000006702

1. Entity Name
NELIDA GOMEZ, P.A.

Principal Place of Business	Mailing Address
16171 BLATT BLVD. UNIT 401 WESTON, FL 33326	16171 BLATT BLVD. UNIT 401 WESTON, FL 33326

05022006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
109 ASTERBROOKE DR.	109 ASTERBROOKE DR
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: DeLAND, FL.	City & State: DeLAND, FL.
Zip: 32724 Country: USA	Zip: 32724 Country: USA

4. FEI Number: 13-4248701 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, NELIDA
16171 BLATT BLVE UNIT 401
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
109 ASTERBROOKE DR.

City: DeLAND FL Zip Code: 32724

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] 5/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST GOMEZ, NELIDA 16171 BLATT BLVD. UNIT 401 WESTON, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	109 ASTERBROOKE DR. DeLAND, FL. 32724	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 5/6/06 954-349-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #