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Apr 16, 2007 8:00 am
Secretary of State
03-14-2007 90026 044 ****50.00
04-16-2007 90066 032 ***100.00

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03072007 Chg-P CR2E034 (12/06)

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000006702

1. Entity Name
NELIDA GOMEZ, P.A.

Principal Place of Business	Mailing Address
109 ASTERBROOKE DR. DELAND, FL 32724 US	109 ASTERBROOKE DR. DELAND, FL 32724 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number
202 CAMERON CT	202 CAMERON CT.	13-4248701 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State: WESTON FL	City & State: WESTON FL	
Zip: 33326 Country: U.S.	Zip: 33326 Country: U.S.	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOMEZ, NELIDA 109 ASTERBROOKE DR. DELAND, FL 32724	Name: GOMEZ, NELIDA Street Address (P.O. Box Number is Not Acceptable): 202 CAMERON CT. City: WESTON FL Zip Code 33326

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DPST GOMEZ, NELIDA 109 ASTERBROOKE DR DELAND, FL 32724	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GOMEZ, NELIDA 202 CAMERON CT. WESTON, FL 33326	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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] 3/12/07 954-349-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #