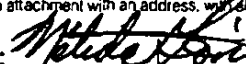


2007 FOR PROFIT CORPORATION ANNUAL REPORT

3/1

FILED
Apr 16, 2007 8:00 am
Secretary of State

03-14-2007 90026 044 ****50.00
04-16-2007 90066 032 ****100.00

DOCUMENT # P03000006702 1. Entry Name NELIDA GOMEZ, P.A.					
Principal Place of Business 109 ASTERBROOKE DR. DELAND, FL 32724 US			Mailing Address 109 ASTERBROOKE DR. DELAND, FL 32724 US		
2. Principal Place of Business - No P.O. Box # 202 CAMERON CT		3. Mailing Address 202 CAMERON CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WESTON FL		City & State WESTON FL		4. FEI Number 13-4248701	
Zip 33326		Country U.S.		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GOMEZ, NELIDA 109 ASTERBROOKE DR. DELAND, FL 32724			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) 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	
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: 			4/17/07 884-349-3000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40062143



03072007 Chg-P CR2E034 (12/06)