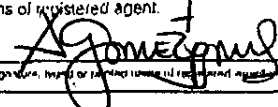
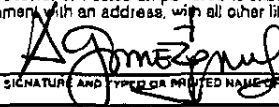


FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90479 047 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000028777 1. Entity Name GOMEZPLATA & GUERRERO, CORP.					
Principal Place of Business 1420 SABAL TRAIL WESTON, FL 33327			Mailing Address 1420 SABAL TRAIL WESTON, FL 33327		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 542101083	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GOMEZPLATA, ARMANDO 1420 SABAL TRAIL WESTON, FL FL, 3-3327				7. Name and Address of New Registered Agent Name ARMANDO GOMEZPLATA Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 renewing) DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			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	P GOMEZPLATA, ARMANDO 1420 SABAL TRAIL WESTON, FL 33327	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GUERRERO, JOHANNA 1420 SABAL TRAIL WESTON, FL 33327	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete			
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: 					934.389.1099