2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State
05-06-2004 90181 025 ***150.00

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04302004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000088077

1. Entity Name
OBED GOMEZ ARTS, INC

Principal Place of Business	Mailing Address
13113 SAN ANTONIO WOODS LN ORLANDO, FL 32824	13113 SAN ANTONIO WOODS LN ORLANDO, FL 32824
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 35-2212613 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LLOYD GOMEZ, SARAH
13113 SAN ANTONIO WOODS LN
ORLANDO, FL 32824

7. Name and Address of New Registered Agent

Name

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
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, 2004 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	P	☐ Delete	TITLE	☐ Change ☐ Add
NAME	GOMEZ, OBED		NAME	
STREET ADDRESS	13113 SAN ANTONIO WOODS LN		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32824		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Add
NAME	LLOYD GOMEZ, SARAH		NAME	
STREET ADDRESS	13113 SAN ANTONIO WOODS LN		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32824		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Sarah Lloyd-Gomez

APR. 30. 2004 9:09AM FERNANDO RUIZ NO. 1400 P. 3