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Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90042 030 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000088077

1. Entity Name
OBED GOMEZ ARTS, INC

50024471

08042006 Chg-P CR2E034 (11/05)

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: 14339 BAbylonE WAY	3. Mailing Address: 14339 BAbylonE way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: orlando FL	City & State: Orlando FL
Zip: 32824 Country: orange	Zip: 32824 Country: orange

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

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	P GOMEZ, OBED 13113 SAN ANTONIO WOODS LN ORLANDO, FL 32824 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14339 BAbylonE way orlando, FL 32824
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LLOYD GOMEZ, SARAH 13113 SAN ANTONIO WOODS LN ORLANDO, FL 32824 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14339 BAbylonE way orlando, FL 32824
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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] 8-3-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #