2007 FOR PROFIT CORPORATION ANNUAL REPORT

TION FILED Mar 05, 2007 08:00 A

ANNUAL REPORT			_	_	, '.		
DOCUMENT # P030001086 1. Entity Name GERARDO GOMEZ ELECTRICAL SEF			Secretary of State				
Principal Place of Business 6820 SW 9 ST. PEMBROKE PINES, FL 33023	Mailing Address 6820 SW 9 ST. PEMBROKE PINES, FL 33023			·			
DO NOT WOITE	`F	02262007	No Chg-P	CR2E034	(11/05)		
DO NOT WRITE IN THIS SPACE		4. FEI Numbe 20-026		-	Applied For Not Applicab	ile	
			5. Certificate	of Status Desired		3.75 Additional e Required	
6. Name and Address of Current Registered Agent						,	}
GOMEZ, GERARDO A 6820 SW 9 ST. PEMBROKE PINES, FL 33023		DO NOT WRITE					
			IN I	'HIS SP	ACE		
The above named entity submits this statement for the the obligations of registered agent.	e purpose of changing its register	d office or register	ed agent, or bot	n, in the State of Flo	rida. I am fam	niliar with, and accep	ot
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Ag			when reinstating)		DATE		_
FILE NOW!!! FEE I3 \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			00 May Be ed to Fees	0 <mark>000</mark> 0 03/14/07	10656750 '-80030-	018 150.00	
10. OFFICERS AND DIF	ECTORS	ł					
NAME GOMEZ, GERARDO A STREET ADDRESS 6820 SW 9 ST.	GOMEZ, GERARDO A 0820 SW 9 ST.		,		•		
TITLE NAME		1					
STREET ADDRESS CITY - ST - ZIP	f			ş [,]		,	
TITLE NAME STREET ADDRESS			DO	NOT W	DITE		
City-ST-ZIP	21P		DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY - ST-ZIP			IN I	HIS SP	ACE.		
TILE .					•	÷	
STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·				•	

12. I hereby certify that the information supplied with this filling 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 yiue 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 is changed, or on an attachment with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2-26-07

Date

Daytime Phone #