


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90310 001 ***150.00

DOCUMENT # P04000034950	
1. Entity Name CRISTINA GOMEZ, P.A.	

Principal Place of Business 7850 NW 146TH STREET 402 MIAMI LAKES, FL 33016	Mailing Address 7850 NW 146TH STREET 402 MIAMI LAKES, FL 33016
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400111

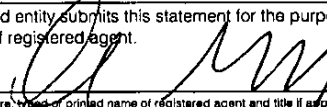


04072006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2419635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GOMEZ, CRISTINA 7850 NW 146TH STREET 402 MIAMI LAKES, FL 33016	6043 NW 167 ST A-16 Miami FL 33015
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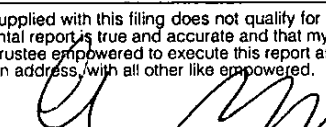
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4/16/06
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, CRISTINA 7850 NW 146TH STREET MIAMI LAKES, FL 33016 6043 NW 167 ST A-16 Miami FL 33015
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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: 	DATE 4/18/06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	