2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000065457

1. Entity Name
SOTTIL GOMEZ PUBLICATIONS, INC.

Principal Place of Business	Mailing Address
170 SUNPORT LANE SUITE 900 ORLANDO, FL 32809	170 SUNPORT LANE SUITE 900 ORLANDO, FL 32809

DO NOT WRITE IN THIS SPACE

02142007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1020043	Not Applicable

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

6. Name and Address of Current Registered Agent

GOMEZ, OCTAVIO
170 SUNPORT LANE
SUITE 900
ORLANDO, FL 32809

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IN THIS SPACE

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U000000764910
05/31/07-80018-010 158.75

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	GOMEZ, OCTAVIO	
STREET ADDRESS	170 SUNPORT LANE, SUITE 900	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	VP	
NAME	SOTTIL, LUIS	
STREET ADDRESS	170 SUNPORT LANE, SUITE 900	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _____   2/22/07   407-240-6150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Octavio Gomez