


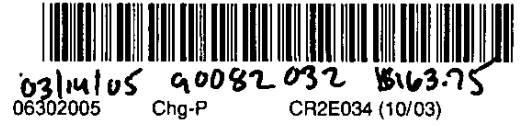
# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000171601</b> 1. Entity Name <b>MANUEL GOMEZ INCORPORATED</b>	
--	---

FILED  
05 JUL -5 AM 9: 34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>10236 ST. IVES COURT ORLANDO, FL 32817</b>	Mailing Address <b>10236 ST. IVES COURT ORLANDO, FL 32817</b>
--	--

2. Principal Place of Business <b>10326 Saint Ives Crt.</b> <small>Suite, Apt. #, etc.</small>	3. Mailing Address <b>10326 Saint Ives Crt.</b> <small>Suite, Apt. #, etc.</small>
--	--



City & State <b>Orlando FL</b>	City & State <b>Orlando FL</b>
Zip <b>32817</b>	Country <b>Orange</b>

4. FEI Number <b>043802909</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

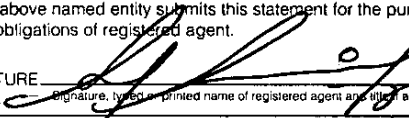
**6. Name and Address of Current Registered Agent**

GOMEZ, MANUEL  
10326 ST IVES COURT  
ORLANDO, FL 32817

**7. Name and Address of New Registered Agent**

Name **Manuel Gomez**  
Street Address (P.O. Box Number is Not Acceptable)  
**10326 Saint Ives Crt.**  
City **Orlando** FL Zip Code **32817**

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:  (NOTE: Registered Agent signature required when reinstating) DATE: **6/30/05**

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**


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	
TITLE	<b>Manuel Gomez</b> <input type="checkbox"/> Delete <b>10326 St Ives Crt.</b> <b>Orlando FL 32817</b>
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition         
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **6/30/05** DAYTIME PHONE #: **407-647-8552**