


FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90244 014 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>P99000027975</u>	
1. Entity Name <u>Gomez Investments INC.</u>	

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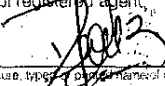
20034386

2. Principal Place of Business <u>11880 SW 19 LN.</u>		3. Mailing Address <u>PO Box 540158</u>	
Suite, Apt. #, etc. <u>#145</u>		Suite, Apt. #, etc.	
City & State <u>Miami FL</u>		City & State <u>Miami FL</u>	
Zip <u>33175</u>	Country <u>USA</u>	Zip <u>33256</u>	Country <u>USA</u>

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DO NOT WRITE IN THIS SPACE	4. FEI Number <u>U5-0905921</u>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>Rev Gomez</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>11880 SW 19 LN #145</u>			
City <u>Miami</u> FL Zip Code <u>33175</u>			


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
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Rev Gomez</u>	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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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CR2E034B (12/02)