


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90027 016 ***150.00

DOCUMENT # S61158
 1. Entity Name
GOMBOS INTERNATIONAL, INC.



Principal Place of Business Mailing Address
 1926 HOLLYWOOD BLVD. 1926 HOLLYWOOD BLVD.
 #207 #207
 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020
 US US

2. Principal Place of Business 3. Mailing Address
3530 S. OCEAN DR. 1151 S. SOUTHLAKE DR
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
HOLLYWOOD, FL HOLLYWOOD, FL
 Zip Country Zip Country
33019 US 33019 U.S.

4. FEI Number Applied For
65-0271687 Not Applicable

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

03011103




MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
GOMBOS, DONALD R
1151 SOUTH SOUTH LAKE DRIVE
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ State **FL** Zip Code _____

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  D. R. GOMBOS - C.E.O. DATE 1-28-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PTSD	<input checked="" type="checkbox"/> Delete
NAME	GOMBOS, DONALD R	
STREET ADDRESS	1926 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C.E.O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMBOS, DONALD R	
STREET ADDRESS	1151 S. SOUTHLAKE DR	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  D. R. GOMBOS - C.E.O. Date 1-28-04 Daytime Phone # (954) 929 2722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR