


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # V04001  
 1. Entity Name  
 GOMEZCO BUILDING INC.



Principal Place of Business      Mailing Address  
 7100 S.W. 44 STREET      7100 S.W. 44 STREET  
 MIAMI, FL 33155      MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**



01132004    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0308987	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, ORLANDO  
 7100 SW 44 STREET  
 MIAMI, FL 33155

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOMEZ, ORLANDO SR. 1560 CADIZ AVE. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOMEZ, ORLANDO JR 7100 SW 44TH ST. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOMEZ, JUAN CARLOS 1560 CADIZ AVE. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOMEZ, SELMA P. 1560 CADIZ AVE. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOMEZ, SELMA M. 1560 CADIZ AVE. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

00000058675  
 02/20/04-80049-013 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other (like empowered).

SIGNATURE: Orlando Gomez    ORLANDO GOMEZ    FEB 16 2004    (305) 661-7660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #