


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 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



03292005 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

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000324038
 04/22/05-80075-022 150.00

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	

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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)(f), 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: *[Signature]* Date: 4/1/05 Daytime Phone #: 305-664-7660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR