

**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

**7100 S.W. 44 STREET
MIAMI, FL 33155**

Mailing Address

**7100 S.W. 44 STREET
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 ☐ **\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

**U000000324038
04/22/05-80075-022 150.00**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/05

305-664-7660