

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 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



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

000000394935
01/26/06-80032-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-06 305 661-7660

Date

Daytime Phone #