


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V04001</b> 1. Entity Name <b>GOMEZCO BUILDING INC.</b>		
Principal Place of Business <b>7100 S.W. 44 STREET MIAMI, FL 33155</b>	Mailing Address <b>7100 S.W. 44 STREET MIAMI, FL 33155</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>GOMEZ, ORLANDO 7100 SW 44 STREET MIAMI, FL 33155</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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		
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: <u><i>Orlando Gomez</i></u> President		7/26/07 (305) 661-7660
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



07252007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0308987**

Applied For
Not Applicable

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

U000000770982  
07/31/07-80009-003 150.00