

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 31, 2007 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



07252007 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 <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)

U00000770982  
 07/31/07-80009-003 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** 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 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	

**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 President 7/26/07 (305) 661-7660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #