


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90021 019 \*\*\*150.00

<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>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number <b>65-0308987</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GOMEZ, ORLANDO</b> <b>7100 SW 44 STREET</b> <b>MIAMI FL 33155</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, ORLANDO SR.	NAME	
STREET ADDRESS	1560 CADIZ AVE.	STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, ORLANDO JR.	NAME	
STREET ADDRESS	7100 SW 44TH ST.	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33155	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, JUAN CARLOS	NAME	
STREET ADDRESS	1560 CADIZ AVE.	STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, SELMA P.	NAME	
STREET ADDRESS	1560 CADIZ AVE.	STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, SELMA M.	NAME	
STREET ADDRESS	1560 CADIZ AVE.	STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Orlando Gomez (President)</i>		Date: <b>3/3/08</b> 305-661-7660	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	