

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # V33655 1. Entity Name SILVIO GOMEZ INC.					
Principal Place of Business 1140 N.E. 163RD ST #25 NORTH MIAMI BEACH FL 33162 US			Mailing Address 1140 N.E. 163RD ST #25 NORTH MIAMI BEACH FL 33162 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0330707	
6. Name and Address of Current Registered Agent GOMEZ, SILVIO 7682 NW 168 TERR MIAMI FL 33015				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, SILVIO 7682 NW 168 TERR MIAMI FL 33015	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOMEZ, SILVIO 7682 NW 168 TERR MIAMI FL 33015	☐ Delete			
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1st MOORE CR2E034 (10/05)

4. FEI Number **65-0330707** Applied For Not Applied

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

U00000410207
02/09/06-80027-003 158.75

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: _____

JAN 24, 06 (305) 944-6989