

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # J71421
 1. Entity Name
GUTMAN PROPERTIES, INC.



Principal Place of Business: **101 N.E. 2ND AVENUE C/O LAS FABRICAS MIAMI FL 33132**
 Mailing Address: **2645 PINE TREE DRIVE MIAMI BEACH FL 33140**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country



1st MOORE CR2E034 (10/05)

4. FEI Number: **65-0041500** Applied For / Not Applied
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GUTMAN, GENA
2645 PINE TREE DRIVE
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: **02/08/06-80035-012 150.00**

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 be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DPT <input type="checkbox"/> Delete	NAME: GUTMAN, GENA	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS: 101 N.E. 2ND AVENUE	CITY-ST-ZIP: MIAMI FL 33132	NAME: _____	STREET ADDRESS: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
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STREET ADDRESS: _____	CITY-ST-ZIP: _____	NAME: _____	STREET ADDRESS: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	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 empowers.

SIGNATURE:  **1-26-06 30537923**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone