

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 08:00 AM
Secretary of State

| | | | | | | | |
|---|------------------------------------|---|---|--|--|----|----------|
| DOCUMENT # L70886 | | | |  | | | |
| 1. Entity Name MANNY GUADALUPE & ASSOC., INC. | | | | | | | |
| Principal Place of Business | | Mailing Address | | | | | |
| 5800 CAMINO DEL SOL SUITE 200 BOCA RATON FL 33433 US | | 5800 CAMINO DEL SOL SUITE 200 BOCA RATON FL 33433 US | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | 4. FEI Number 65-0190536 | | | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| Applied For | | Not Applicable | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| GUADALUPE, MANUEL 5800 CAMINO DEL SOL SUITE 200 BOCA RATON FL 33433 | | | 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 <i>Manny Guadalupe</i> | | | | DATE | | | |
| Signature, typed or printed name of registered agent and title if applicable | | | | NOTE: Registered Agent signature required when reinstating | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | GUADALUPE, ADELE | NAME | U00UM0336312 | | | | |
| STREET ADDRESS | 5800 CAMINO DEL SOL, SUITE 200 | STREET ADDRESS | 04/27/05-80118-025 158.75 | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | CITY-ST-ZIP | | | | | |
| TITLE | TS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | GUADALUPE, MANUEL | NAME | | | | | |
| STREET ADDRESS | 5800 CAMINO DEL SOL, SUITE 200 | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | 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 | | | | | |
| 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 | | | | | |
| 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 exemption stated in Section 19.07(3)(f), 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: *Manny Guadalupe* 4/22/05 561-394-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #