2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90968 014 ***150.00

DOCUMENT # P00000070064

1. Entity Name
GUISTINA & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3939 S. CONGRESS AVENUE SUITE 102 LAKE WORTH, FL 33461	3939 S. CONGRESS AVENUE SUITE 102 LAKE WORTH, FL 33461

04212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2161 Palm Beach Lakes Blvd	2161 Palm Beach Lakes Blvd
Suite, Apt. #, etc.: Suite #315	Suite, Apt. #, etc.: Suite #315
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33409 Country: USA	Zip: 33409 Country: USA

4. FEI Number: 65-1018164 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUISTINA, JOANNE M 3939 S. CONGRESS AVENUE SUITE 102 LAKE WORTH, FL 33461	Name: Guistina, Joanne M. Street Address (P.O. Box Number is Not Acceptable): 2161 Palm Beach Lakes Blvd #315 City: West Palm Beach, FL Zip Code: 33409

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: Joanne M Guistina Joanne M. Guistina DATE: 4/20/2005
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GUISTINA, JOANNE M 3939 S. CONGRESS AVENUE, SUITE 102 LAKE WORTH, FL 33461	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GUISTINA, JOANNE M. 2161 Palm Beach Lakes Blvd #315 WEST PALM BEACH, FL 33409	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joanne M Guistina Joanne M Guistina 4/20/05 (561) 615-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #