

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000043365

1. Entity Name
GUNTHER COMMUNICATION, INC.



Principal Place of Business
**3029 BRICKELL AVE.
MIAMI, FL 33129**

Mailing Address
**475 NE 50 TERR
MIAMI, FL 33137**



DO NOT WRITE IN THIS SPACE

04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3671794

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SARIOL, MARIA D ESQ.
2199 PONCE DE LEON BLVD, SUITE 301
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	P
NAME	LASHLEY, CARYL A E
STREET ADDRESS	308 EAST BAY ST.
CITY - ST - ZIP	NASSAU, THE BAHAMAS,
TITLE	S
NAME	SARIOL, MARIA D
STREET ADDRESS	2199 PONCE DE LEON BLVD., SUITE 301
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	T
NAME	LEWIS, D. MICHAEL
STREET ADDRESS	475 N.E. 50TH TERR.
CITY - ST - ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100070345337
04/30/05-80031-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Michael Lewis
D. Michael Lewis

DATE

4/30/05

DAYTIME PHONE #

305-251-1120