


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90261 040 ***150.00

DOCUMENT # P02000114967
 1. Entity Name
GUERRERO & RIVERA INC.




Principal Place of Business
5462 HOFFNER AVENUE
STE 501
ORLANDO, FL 32812

Mailing Address
~~5462 HOFFNER AVENUE~~
~~STE 501~~
~~ORLANDO, FL 32812~~

2. Principal Place of Business
5448 HOFFNER AVE
 Suite, Apt. #, etc.
203
 City & State
ORLANDO, FLORIDA
 Zip
32812 Country
ORANGE

3. Mailing Address
5448 HOFFNER
 Suite, Apt. #, etc.
203
 City & State
ORLANDO, FLORIDA
 Zip
32812 Country
ORANGE



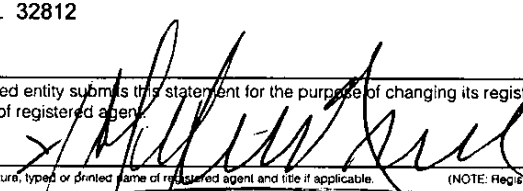
01182005 Chg-P CR2E034 (10/03)

4. FEI Number
74-3066844 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
RIVERA, WILLIAM
5462 HOFFNER AVENUE
STE 501
ORLANDO, FL 32812

7. Name and Address of New Registered Agent
 Name
WILLIAM RIVERA
 Street Address (P.O. Box Number is Not Acceptable)
5448 HOFFNER AVE # 203
 City
ORLANDO FL Zip Code
32812

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**

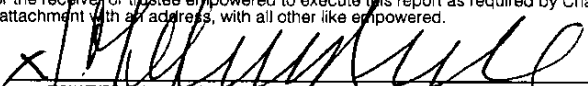
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUERRERO, ALBERTO 5462 HOFFNER AVENUE STE 501 ORLANDO, FL 32812	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIVERA, WILLIAM 5462 HOFFNER AVENUE STE 501 ORLANDO, FL 32812	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBERTO GUERRERO 5448 HOFFNER AVE #203 ORLANDO, FLORIDA 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T.S. WILLIAM RIVERA 5448 HOFFNER AVE #203 ORLANDO, FLORIDA 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/20/05** Daytime Phone #: **407 282-9353**