2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Feb 02, 2005 8:00 am Secretary of State 02-02-2005 90062 043 ***150.00

1. Entity Name GUAYABERA ENTERPRISES INC.									02-02-2003	90002 0	43 130	J.00
Principal Place of Business 1804 NW 20 ST				ailing Address 804 NW 20 ST								
MIAMI, FL 33142				MIAMI, FL 33142				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5 <i>0</i>	0098) (
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01172005	6 Chg-P CR2E034 (10/03)			
City & State				City & State			4. FEI Numb		Applied For Not Applicable			
Zip	Country			Zip	try	5. Certificate of Status Des			ed			
6. Name and Address of Current Registered Agent						Name		7. Name and	Address of New F	Registered A	lgent	
PEREZ, JORGE L						Name						
1804 NW 20 ST MIAMI, FL 33142					Street Address (P.O. Box Number is Not Acceptable)							
					City				FL	Zip Code	 9	
			ent for the p	ourpose of changing its	register	l ed office or reg	ister	ed agent, or bo	th, in the State of Fl		familiar with.	and accept
the obligations of registered agent.												
SIGNATURE_	Signature, typed or	printed name of registere	d agent and title	if applicable. (NOT	E: Registere	d Agent signature rec	quired	when reinstating)		DATE		
. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.							\$5. Adde	00 May Be ed to Fees				
				ID DIRECTORS 11.				ADDITIONS	CHANGES TO OFF	FIÇERS AND	DIRECTORS	S IN 11
TITLE NAME	P PEREZ, JO	IPCE I		☐ Delete	E E					☐ Change	Addition	
STREET ADDRESS	1804 NW 2				ET ADDRESS							
CITY-\$1-ZIP	MIAMI, FL	33142			-ŞT-ZIP							
TITLE	V Delete					E .		c			Change	☐ Addition
NAME STREET ADDRESS	PEREZ, AN 1804 NW 2				ET ADORESS							
CITY-ST-ZIP	MIAMI, FL				-ST-ZIP							
TITLE	☐ Delete TITL					E					☐ Change	Addition
NAME				E								
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						
TITLE				☐ Delete	TITL						☐ Change	Addition :
NAME					NAM	iE						
STREET ADDRESS						ET ADDRESS - ST-ZIP						
CITY-ST-ZIP				<u> </u>	-						☐ Change	Addition
TITLE NAME				☐ Delete	TITL						change	L. roution
STREET ADDRESS						EET ADDRESS						
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TITLE	Delete III					I .					☐ Change	☐ Addition
NAME STREET ADDRESS		EET ADORESS										
CITY-ST-ZIP						'-ST-ZIP						
12. I hereby of indicated of the corchanged.	certify that the on this report poration or the or on an attac	information supplie or supplemental re e receiver or trusted chment with an ade	ed with this t port is true e empowere fress, with a	illing does not quality for and accurate and that and to execute this report Il other like empowered	r the exe my signa as requ	emption stated i ture shall have ired by Chapte	in Se the t r 607	oction 119.07(3) same legal effe 7, Florida Statul	(i), Florida Statutes. ct as if made under es; and that my nan	I further ce oath; that I ne appears	tify that the ir am an officer in Block 10 o	nformation or director r Block 11 if
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:												