

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90068 015 ***163.75

DOCUMENT # P04000117832

1. Entity Name
221 BUILDING CORPORATION



Principal Place of Business Mailing Address

221 SW 22 AVE **221 SW 22 AVE**
100 **100**
MIAMI, FL 33135 **MIAMI, FL 33135**

2. Principal Place of Business 3. Mailing Address

3600 NW 60 ST **P.O. Box 661305**
Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

Miami FL **Miami Springs FL**

Zip Country Zip Country

33142 USA **33266 USA**

90000



04072006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

20-1485308 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

GUEITS, CARLOS
16570 NE 26 AVE, UNIT 2H
NORTH MIAMI BEACH, FL 33160

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUEITS, CARLOS			NAME			
STREET ADDRESS	16570 NE 26 AVE, UNIT 2H			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUEITS, ABEL			NAME			
STREET ADDRESS	880 NORTHEAST 80TH STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33181			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUEITS, JACQUELINE			NAME			
STREET ADDRESS	16570 NE 26 AVE, UNIT 2H			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160			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 exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE: Jacqueline Gueits Date: 4/7/06 Daytime Phone #: (305) 638-0029