

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000090133

FILED  
Jul 21, 2008  
Secretary of State

Entity Name: SIGUENZA GROUP CORP

## Current Principal Place of Business:

843 S PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084 US

## New Principal Place of Business:

2602 US HWY 1 SOUTH  
ST AUGUSTINE, FL 32086 US

## Current Mailing Address:

2602 US HWY 1 SOUTH  
ST AUGUSTINE, FL 32086 US

## New Mailing Address:

FEI Number: 26-0720066      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIGUENZA VALLE, CARLOS  
2602 US HWY 1 SOUTH  
ST AUGUSTINE, FL 32086 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SIGUENZA VALLE, CARLOS  
Address: 2602 US HWY 1 SOUTH  
City-St-Zip: ST AUGUSTINE, FL 32086 US

Title: VP ( ) Delete  
Name: GUATEMALA, ZOLIA I  
Address: 2602 US HWY 1 SOUTH  
City-St-Zip: ST AUGUSTINE, FL 32086 US

Title: S ( ) Delete  
Name: HERNANDEZ, MARIA L  
Address: 4360 JOYCE STREET  
City-St-Zip: HASTINGS, FL 32145 US

Title: T (X) Delete  
Name: HERNANDEZ, MICHAEL R  
Address: 4360 JOYCE STREET  
City-St-Zip: HASTINGS, FL 32145 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS SIGUENZA VALLE

P

07/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date