


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**


**DOCUMENT # P93000050694**

1. Entity Name  
**GUTIERREZ COURIER & CARGO, INC.**



Principal Place of Business <b>2139 NW 79 AVE MIAMI, FL 33122 US</b>	Mailing Address <b>2139 NW 79 AVE MIAMI, FL 33122 US</b>
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**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0424424</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GUTIERREZ, GINETTE  
540 BRICKELL KEY #1513  
MIAMI, FL 33131**

**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 next to it 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	PD GUTIERREZ, MARCO T 540 BRICKELL KEY #1513 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GUTIERREZ, GINETTE 540 BRICKELL KEY #1513 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROVELO, DJANA 2139 N.W. 79 AVE. MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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02/05/05-80021-015 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 \_\_\_\_\_ **1/31/05** **305-597-524**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_