


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000100837**

1. Entity Name  
**GURRI MATUTE CONSTRUCTION COMPANY**



Principal Place of Business      Mailing Address

**801 MONTEREY ST, SUITE 205-A**      **801 MONTEREY ST, SUITE 205-A**  
**CORAL GABLES, FL 33134**              **CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**



02132004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0967806**      Not Applicable

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

6. Name and Address of Current Registered Agent

**MATUTE, DAPHNE I**  
**801 MONTEREY ST, SUITE 205-A**  
**CORAL GABLES, FL 33134**

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I, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	<b>P</b> <b>MATUTE, JOSE G</b> <b>6420 SW 46TH TERR</b> <b>MIAMI, FL 33155</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>MATUTE, DAPHNE G</b> <b>6420 SW 46TH TERR</b> <b>MIAMI, FL 33155</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/10/04-80026-017 158.75.

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:**       **3/4/04 305-445-5811**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #