

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90067 042 ***158.75

DOCUMENT # P99000100837

1. Entity Name
GURRI MATUTE CONSTRUCTION COMPANY



Principal Place of Business
**801 MONTEREY ST, SUITE 205-A
CORAL GABLES, FL 33134**

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

50014817

2. Principal Place of Business
2701 Ponce de Leon Blvd.

3. Mailing Address
2701 Ponce de Leon Blvd.

Suite, Apt. #, etc.
203

Suite, Apt. #, etc.
203

02092005 Chg-P CR2E034 (10/03)

City & State
Coral Gables, FL.

City & State
Coral Gables, FL.

4. FEI Number
65-0967806

Applied For
Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

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**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title 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 **\$5.00 May Be**
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MATUTE, JOSE G**
STREET ADDRESS **6420 SW 46TH TERR**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **VP** ☐ Delete
NAME **MATUTE, DAPHNE G**
STREET ADDRESS **6420 SW 46TH TERR**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/05

Date

305-445-5811

Daytime Phone #