

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90236 030 ***158.75



DOCUMENT # P04000117832
 1. Entity Name
221 BUILDING CORPORATION

Principal Place of Business Mailing Address
108 TRUXTON DRIVE **108 TRUXTON DRIVE**
MIAMI SPRINGS FL 33166 **MIAMI SPRINGS FL 33166**

2. Principal Place of Business 3. Mailing Address
221 SW 22 Ave **221 SW 22 Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
100 **100**

City & State City & State
Miami, FL **Miami, FL**
 Zip Country Zip Country
33135 **USA** **33135** **USA**

4. FEI Number Applied For
20-1485308 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
GUEITS, CARLOS
108 TRUXTON DRIVE
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent
 Name **Carlos Gueits**
 Street Address (P.O. Box Number is Not Acceptable)
16570 NE 26 Ave, Unit 2H
 City **North Miami Beach** FL Zip Code **33160**

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 DATE **4/20/05**
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUEITS, CARLOS	
STREET ADDRESS	108 TRUXTON DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUEITS, ABEL	
STREET ADDRESS	880 NORTHEAST 80TH STREET	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GUEITS, JACQUELINE	
STREET ADDRESS	108 TRUXTON DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	16570 NE 26 Ave, Unit 2H
CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	16570 NE 26 Ave, Unit 2H
CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 a letter like empowered.

SIGNATURE: DATE **4/20/05** DAYTIME PHONE # **(305) 642-2990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #