


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90066 043 \*\*\*150.00

<b>DOCUMENT # M45620</b> 1. Entity Name <b>GUZMAN &amp; COMPANY</b>					
Principal Place of Business <b>101 ARAGON AVENUE MIAMI, FL 33134-5426 US</b>			Mailing Address <b>101 ARAGON AVENUE MIAMI, FL 33134-5426 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country			
<div style="display: flex; justify-content: space-between;"> <div> <b>03222007</b>      <b>Chg-P</b>      <b>CR2E034 (12/06)</b> </div> <div>         4. FEI Number  <b>59-2764363</b> </div> <div>         Applied For  <input type="checkbox"/> Not Applicable       </div> </div>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  <b>GUZMAN, LEOPOLDO E. 101 ARAGON AVENUE MIAMI, FL 33134-5426</b>			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) (DATE)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCT</b> <b>GUZMAN, LEOPOLDO E.</b> <b>5825 MAYNADA</b> <b>CORAL GABLES, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>809 CORAL WAY</b> <b>33134</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUZMAN, SUSAN C.</b> <b>5825 MAYNADA</b> <b>CORAL GABLES, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>809 CORAL WAY</b> <b>33134</b>	
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03222007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-2764363

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

## 6. Name and Address of Current Registered Agent

GUZMAN, LEOPOLDO E.  
101 ARAGON AVENUE  
MIAMI, FL 33134-5426

## 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, 2007 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>PCT</b> <b>GUZMAN, LEOPOLDO E.</b> <b>5825 MAYNADA</b> <b>CORAL GABLES, FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUZMAN, SUSAN C.</b> <b>5825 MAYNADA</b> <b>CORAL GABLES, FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>809 CORAL WAY</b> <b>33134</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**LEOPOLDO E. GUZMAN**

**3/23/07**

DATE

**305-374-3600**

Daytime Phone #