


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90011 021 ***150.00

DOCUMENT # 576746 1. Entity Name GUILLEN AND ASSOCIATES, INC.	
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Principal Place of Business 250 CATALONIA AVE STE 400 CORAL GABLES, FL 33134	Mailing Address 250 CATALONIA AVE STE 400 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE

40023500



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1838889	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUILLEN, ANA MAGDA
250 CATALONIE AVE STE 400
CORAL GABLES, FL 33134

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

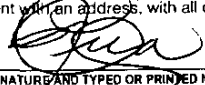
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. GUILLEN, ANA M 250 CATALONIA AVE #400 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUILLEN, ANA M. 250 CATALONIA AVE #400 CORAL GABLES, FL
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**DO NOT WRITE
IN THIS SPACE**

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:  *President* **1/24/08** **305 4442423**

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