

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90701 015 \*\*\*150.00

<b>DOCUMENT # 662680</b> 1. Entity Name <b>GUILMEN INVESTMENTS, INC.</b>			
Principal Place of Business <b>1000 BRICKELL AVENUE</b> <b>900</b> <b>MIAMI, FL 33131 US</b>		Mailing Address <b>1000 BRICKELL AVE</b> <b>900</b> <b>MIAMI, FL 33131 US</b>	
2. Principal Place of Business <b>4206 Laguna Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>4206 Laguna Street</b> Suite, Apt. #, etc.	
City & State <b>Coral Gables, FL</b>		City & State <b>Coral Gables, FL</b>	
Zip <b>33146</b>	Country	Zip <b>33146</b>	Country
4. FEI Number <b>59-2003870</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RICARDO BAJANDAS, PA</b> <b>1000 BRICKELL AVENUE</b> <b>900</b> <b>MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>ENRIQUE VICIANA</b> Street Address (P.O. Box Number is Not Acceptable) <b>4206 LAGUNA STREET</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33146</b>	
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 <i>Enrique Viciana</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/29/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MENENDEZ, GUILLERMO</b> <b>7300 LOS PINOS BLVD</b> <b>MIAMI, FL 33146</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Enrique Viciana</b> <b>4206 Laguna Street</b> <b>Coral Gables, FL 33146</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BAJANDAS, RICARDO</b> <b>1000 BRICKELL AVE STE 900</b> <b>MIAMI, FL 33131</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Enrique Viciana</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>ENRIQUE VICIANA</b>		DATE <b>4/29/04</b> DAYTIME PHONE # <b>(305) 446-0969</b>	