## 2008 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Mar 12, 2008 08:00 A Secretary of State **DOCUMENT # H91625** 1. Entity Name GWENEL, INC. Principal Place of Business Mailing Address 71 SE 4TH AVE 71 SE 4TH AVE DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 CR2E034 (11/05) 03032008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2616354 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent COLLIER, GWEN C DO NOT WRITE 71 SE 4TH AVE DEERFIELD BEACH, FL 33441 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) HUUUUUUKKEUAK FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 03/27/08-80036-003 150.00 Added to Fees 10. OFFICERS AND DIRECTORS VST TITLE COLLIER, GWEN C NAME STREET ADDRESS 71 SE 4TH AVE CITY-ST-ZIP DEERFIELD BEACH, FL 33441 TITLE NAME GIRONDA, RONALD J STREET ADDRESS 19270 WOOD SAGE DR CITY-ST-ZIP TAMPA, FL 33647 TITLE NAME COLLIER, GWEN C. STREET ADDRESS 71 S.E. FOURTH AVENUE DO NOT WRITE CITY-ST-ZIP DEERFIELD BEACH, FL 33441 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 \$\frac{1}{2}\$ address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIF

NAME STREET ADDRESS CITY-SY-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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