2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J67909

1. Entity Name GUILLEN'S ENTERPRISÈS, INC.

FILED Apr 27, 2007 08:00 A Secretary of State

Principal Place of Business

11040 WEST FLAGLER STREET MIAMI, FL 33174

Mailing Address C/O IVAN A. GOMEZ

601 BRICKELL KEY DRIVE SUITE 507

MIAMI, FL 33131



DO NOT WRITE IN THIS SPACE

03182007 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 59-2793905
 Not Applicable

Certificate of Status Desired

₩/

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IAG CORPORATE SERVICES, INC. 601 BRICKELL KEY DRIVE STE 507 MIAMI, FL 33131

SIGNATURE: >

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 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 Finant Trust Fund Contribution. | | | cing | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | CTORS | | | • | |
| TITLE NAME STREET ADDRESS CITY ST-ZIP | PD GUILLEN, JOSE E. 11040 WEST FLAGLER STREET MIAMI, FL 33174 | | | : | . · · | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GUILLEN, YOLANDA 11040 WEST FLAGLER STREET MIAMI, FL 33174 | | , | . • | 0000007386 05/11/07-8007 | :30 '5-019 158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | | | IN T | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | * # | . • | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | : |
| 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 impowered. | | | | | | |