2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K31698

GUTMEN INVESTMENT CORP.

FILED May 15, 2009 Secretary of State

Entity Nar	me: GUIMEN	INVESTMENT CORP.				
Current Principal Place of Business:			New Principal	New Principal Place of Business:		
	ARBOR ROAD A, FL 33469	US	3901 VISTA DE MARGATE, FL			
Current Mailing Address:			New Mailing A	New Mailing Address:		
	ARBOR ROAD A, FL 33469	US				
FEI Number:	63-0980362	FEI Number Applied For ()	FEI Number Not Applicabl	le () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and Add	Name and Address of New Registered Agent:		
	DBERT B ARBOR RD A, FL 33469	US				
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its re	egistered office or registered agent, or both,		
SIGNATUR	RE:					
Electronic Signature of Registered Agent			ent	Date		
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.			
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () COOK, ROBERT 17 BAY HARBOR TEQUESTA, FL	RD	Address: 390	(X) Change () Addition NAVIDES, ESTUARDO 01 VISTA DEL MAR RGATE, FL 33063 US		
Title: Name: Address: City-St-Zip:	SD (X) COOK, STEPHE 17 BAY HARBOF TEQUESTA, FL	R RD.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D (X) COOK, LESLIE / 17 BAY HARBOF TEQUESTA, FL	R RD.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name:	D (X) COOK, JONATH	Delete AN R	Title: Name:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ESTUARDO BENAVIDES P 05/15/2009

17 BAY HARBOR RD.

TEQUESTA, FL 33469

Address:

City-St-Zip: