


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

| | | |
|--|---------------------|--|
| DOCUMENT # K68294 1. Entity Name GUZO REALTY, INC. | |  |
| Principal Place of Business C/O GUSTAVO J. ALONSO 20520 N.E. 20TH COURT NORTH MIAMI BEACH FL 33179 | | Mailing Address C/O GUSTAVO J. ALONSO 20520 N.E. 20TH COURT NORTH MIAMI BEACH FL 33179 |
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip Country |



MOORE CR2E034 (11/03)

| | |
|---|---|
| 4. FEI Number 59-2939551 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent ALONSO, GUSTAVO J. 20520 N.E. 20TH COURT NORTH MIAMI BEACH FL 33179 | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ |
|--|---|

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|-----------------------------------|-----------------------|--|---|--|---|--|
| TITLE | D <input type="checkbox"/> Delete | ALONSO, GUSTAVO J. | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | UD0000014870 01/27/04-80040-006 150.00 | |
| NAME | | 20520 N.E. 20TH COURT | | NAME | | | |
| STREET ADDRESS | | NORTH MIAMI BCH FL | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | ALONSO, ZOE M. | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
| NAME | | 20520 N.E. 20TH COURT | | NAME | | | |
| STREET ADDRESS | | NORTH MIAMI BCH FL | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | | | |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1-22-04(305)932-4722