

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064959

FILED
Apr 25, 2007
Secretary of State

Entity Name: GUIMA LLC

Current Principal Place of Business:

3824 SAN SIMEON CIRCLE
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

3824 SAN SIMEON CIRCLE
WESTON, FL 33331

New Mailing Address:

FEI Number: 20-4527836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRACHO, GUILLERMO
3824 SAN SIMEON CIRCLE
WESTON, FL 33331 US

Name and Address of New Registered Agent:

BRACHO, MARIANELA
3824 SAN SIMEON CIRCLE
WESTON, FL 33331 US

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.

SIGNATURE: BRACHO MARIANELA

04/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALFREDO BELLOSO, CARLOS
Address: 3824 SAN SIMEON CIRCLE
City-St-Zip: WESTON, FL 33331

Title: MGR () Delete
Name: BRACHO, GULLERMO
Address: 3824 SAN SIMEON CIRCLE
City-St-Zip: WESTON, FL 33331

Title: MGR () Delete
Name: BRACHO, MARIANELA
Address: 3824 SAN SIMEON CIRCLE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIANELA BRACHO

MGR

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date