


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L70886</b>							
1. Entity Name <b>MANNY GUADALUPE &amp; ASSOC., INC.</b>							
Principal Place of Business		Mailing Address					
5800 CAMINO DEL SOL SUITE 200 BOCA RATON FL 33433 US		5800 CAMINO DEL SOL SUITE 200 BOCA RATON FL 33433 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>65-0190536</b>			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>GUADALUPE, MANUEL</b> <b>5800 CAMINO DEL SOL</b> <b>SUITE 200</b> <b>BOCA RATON FL 33433</b>			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 <i>Manny Guadalupe</i> Signature, typed or printed name of registered agent and title if applicable				DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GUADALUPE, ADELE	NAME	U00UM0336312 04/27/05-80118-025 158.75				
STREET ADDRESS	5800 CAMINO DEL SOL, SUITE 200	STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP					
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GUADALUPE, MANUEL	NAME					
STREET ADDRESS	5800 CAMINO DEL SOL, SUITE 200	STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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CITY-ST-ZIP		CITY-ST-ZIP					



1st MOORE CR2E034 (10/04)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 empowered.

SIGNATURE: *Manny Guadalupe* 4/22/05 561-394-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #