2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M16908

1. Entity Name

GUER TRADING CORPORATION



FILED Feb 15, 2007 08:00 A Secretary of State

Principal Place of Business

5761 SW 132 TERR MIAMI, FL 33156 Mailing Address

5761 SW 132 TERR MIAMI, FL 33156



DO NOT WRITE IN THIS SPACE

02012007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2607169

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GURDIAN, GUSTAVO 5761 SW 132 TERR. MIAMI, FL 33156 DO NOT WRITE

	named entity submits this statement for the pur lons of registered agent.	pose of changing its registere	ed office or registered agent, or bo	oth, in the State of Florida. I am fan	illiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if a	oplicable. (NOTE: Registera	d Agent signature required when reinstating)	DATE	· · ·
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			\$5.00 May Be Added to Fees	U00000636702 02/26/07-80031-0	18 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTO PD GURDIAN, GUSTAVO 5761 SW 132 TERR MIAMI, FL	ORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 empowered.

SIGNATURE:

CITY-ST-ZIP

TURY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07

305-662-5819

Daytime Phone #