

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90091 027 ***155.00

DOCUMENT # M37517

1. Entity Name
GUNTER GROUP, INC.



Principal Place of Business
9350 SW 22ND TERRACE
MIAMI, FL 33165

Mailing Address
9350 SW 22ND TERRACE
MIAMI, FL 33165

4000000000



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2719657

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, ROLANDO
9350 SW 22ND TERRACE
MIAMI, FL 33165

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☒ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ORTIZ, ROLANDO
STREET ADDRESS	9350 SW 22ND TERR.
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	ORTIZ, RICARDO
STREET ADDRESS	2264 SW 93 COURT
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	ORTIZ, ELSA
STREET ADDRESS	9350 SW 22ND TERR.
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	ORTIZ, ROLANDO JR.
STREET ADDRESS	7981 NW 186 TERRACE
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #