

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # M43840

1. Entity Name
GUARANTEED RESULTS, INC.



Principal Place of Business

**9990 SW 77 AVE
PH8
MIAMI, FL 33156**

Mailing Address

**9990 SW 77 AVE
PH8
MIAMI, FL 33156**



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2756628 ☐ **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

**BURGER, SANDRA
9990 SW 77 AVE PH8
MIAMI, FL 33156**

**DO NOT WRITE
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000325394

04/23/05-80015-006 150.00

10. OFFICERS AND DIRECTORS

**DO NOT WRITE
IN THIS SPACE**

TITLE	CD
NAME	BURGER, ALVIN
STREET ADDRESS	9990 SW 77 AVE PH8
CITY-ST-ZIP	MIAMI, FL
TITLE	SDP
NAME	BURGER, SANDRA
STREET ADDRESS	9990 SW 77 AVE PH8
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	BURGER, ANDREW
STREET ADDRESS	9990 SW 77 AVE PH8
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VP
NAME	GREENBERG, SUSAN BURGER
STREET ADDRESS	9990 SW 77 AVE PH8
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S. BURGER

4/15/05 305-271-5757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #