


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # M43840 1. Entity Name GUARANTEED RESULTS, INC.	
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Principal Place of Business 9990 SW 77 AVE PH 12 MIAMI, FL 33156	Mailing Address 9990 SW 77 AVE PH 12 MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2756628	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURGER, SANDRA
9990 SW 77 AVE
PH 12
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000907030 05/05/08-80022-003 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BURGER, ALVIN 9990 SW 77 AVE PH8 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDP BURGER, SANDRA 9990 SW 77 AVE PH8 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURGER, ANDREW 9990 SW 77 AVE PH8 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREENBERG, SUSAN BURGER 9990 SW 77 AVE PH8 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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:  **S. BURGER** **4/15/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #