FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90723 024 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000014325

1. Entity Name
KEITH GUILLARMOD, INC.

94080477

Principal Place of Business	Mailing Address
6600 TAFT ST 4TH FLOOR HOLLYWOOD, FL 33024	6600 TAFT ST 4TH FLOOR HOLLYWOOD, FL 33024

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
13100 S.W. 28th Ct.	13100 S.W. 28th Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, FL	City & State: Davie, FL
Zip: 33330 Country: USA	Zip: 33330 Country: USA

4. FEI Number: 65-0981145 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GUILLARMOND, KEITH
6600 TAFT ST
4TH FLOOR
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name: Guillarmod, Keith
Street Address (P.O. Box Number is Not Acceptable): 13100 S.W. 28th Ct.
City: Davie FL Zip Code: 33330

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GUILLARMOD, KEITH 6600 TAFT ST 4TH FLOOR HOLLYWOOD, FL 33330	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Guillarmod, Keith 13100 S.W. 28th Ct. Davie, FL 33330	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: ______________________ 4-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #