

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90223 042 ***150.00

DOCUMENT # P00000061053

1. Entity Name
DELSY A. GUZMAN COUNSELLING SERVICE, INC.



Principal Place of Business
**2052 EXCALIBUR DR.
ORLANDO, FL 32822-8318**

Mailing Address
**2052 EXCALIBUR DR.
ORLANDO, FL 32822-8318**



04222007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
10319 Stratt Ford Painte Ave.
Suite, Apt. #, etc.

3. Mailing Address
10319 Stratt Ford Painte Ave.
Suite, Apt. #, etc.

City & State
Orlando FL
Zip
32832
Country
Orange

City & State
Orlando FL
Zip
32832
Country
Orange

4. FEI Number
59-3653418
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GUZMAN, DELSY A
2052 EXCALIBUR DR.
ORLANDO, FL 32822-8318**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 the registered agent.

SIGNATURE *[Signature]* DATE 4-21-07
Signature, typed or printed name of officer or director if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP | P GUZMAN, DELSY A 2052 EXCALIBUR DR. ORLANDO, FL 328228318 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10319 Stratt Ford Painte Ave. Orlando, FL 32832 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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]* Date 4-21-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*new address 10319 Stratt Ford Painte Ave.
Orlando, FL 32832*