## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P00000068675

1. Entity Name

AWESOME GUIDES, INC.



Principal Place of Business

Mailing Address

127 WEST FAIRBANKS AVENUE UNIT 421

UNIT 421 Winter Park, Fl. 32789 127 WEST FAIRBANKS AVENUE UNIT 421 WINTER PARK, FL 32789 Jun 01, 2007 08:00 AM Secretary of State



**FILED** 

05232007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3660014

Applied Fo

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134

## DO NOT WRITE IN THIS SPACE

				IN THIS SPACE		
	named entity submits this statement for the tions of registered agent.	purpose of changing its regi	stered office or I	registered agent, or b	oth, in the State of Florida. I am familiar with, and ac	
SIGNATURE.	Signature, typed or printed name of registered agent and titl	ile il applicable. (NOTE: Rec	stered Agent signatur	e required when reinstating)	DATE	
	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007			\$5.00 May Be	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PTD LOPATKA, MICHAEL I 127 WEST FAIRBANKS AVENUE UN WINTER PARK, FL 32789			900000765794 06/04/07-80005-004 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD LOPATKA, CARIE L 127 WEST FAIRBANKS AVENUE U WINTER PARK, FL 32789	INIT 421				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS				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 directly 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 10 changed, or on an attachment with an address, with all other like empowered.

CICNATURE.

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5/30/07

407-678-1860