

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90028 004 ***150.00

DOCUMENT # P01000006148

1. Entity Name

GUSI, INC.



Principal Place of Business

520 WEST OAK RIDGE ROAD
ORLANDO FL 32809

Mailing Address

520 WEST OAK RIDGE ROAD
ORLANDO FL 32809



2. Principal Place of Business - No P.O. Box #

600 W OAK RIDGE RD 600 W OAK RIDGE RD

3. Mailing Address

Suite, Apt. #, etc.

5

5

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3700239

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

GUTIERREZ, CARLOS
520 WEST OAK RIDGE ROAD
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

600 W OAK RIDGE RD

SUITE 5

City

ORLANDO

FL

Zip Code

32809

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

Carlos Gutierrez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

March 1, 08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GUTIERREZ, CARLOS
STREET ADDRESS 520 WEST OAK RIDGE ROAD
CITY-ST-ZIP ORLANDO FL 32809

TITLE V ☐ Delete
NAME GUTIERREZ, GILDA
STREET ADDRESS 520 WEST OAK RIDGE ROAD
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 600 W OAK RIDGE RD, H 5
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 600 W OAK RIDGE RD, H 5
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Carlos Gutierrez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 08 407 353 7532

Date

Daytime Phone #