## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # P01000012538

 Entity Name GUZMAN QUANTITATIVE EQUITY MANAGEMENT, INC.



Principal Place of Business

101 ARAGON AVE MIAMI, FL 33134-5426 Mailing Address

101 ARAGON AVE MIAMI, FL 33134-5426

## FILED Apr 01, 2004 08:00 AM Secretary of State



01152004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1093443

Applied F Not Appli

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUZMAN, LEOPOLDO E 101 ARAGON AVE MIAMI, FL 33134-5426

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			11/4	I HIS SPACE	
The above named entity submits this statement for the the obligations of registered agent.	ourpose of changing its registers	ed office or re	gistered agent, or bo	th, in the State of Florida. I am familiar	with, and ac
SIGNATURE	if applicable. (NOTE, Registered	Agent signature r	equired when reinstating)	DATE	-
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution	icing	\$5.00 May Be Added to Fees 04,	U00000100321 /01/04-80002-014 150.0	0
10. OFFICERS AND DIREC	CTORS			· · · · · · · · · · · · · · · · · · ·	
NAME GUZMAN, LEOPOLDO E STREET ADDRESS 5825 MAYNADA CITY-ST-ZIP CORAL GABLES, FL 33146				<del></del>	
NAME GUZMAN, SUSAN C STREET ADDRESS 5825 MAYNADA CRY-ST-ZIP CORAL GABLES, FL 33146			-	<del>.</del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	٠
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN <sup>-</sup>	THIS SPACE	
TITLE NAME STREEJ ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SY-ZIP					=
<ol> <li>12. I hereby certify that the information supplied with this fi</li> </ol>	iling does not qualify for the exen	notion stated	in Section 119.07/39	D. Florida Statutes. Liurther certify that:	ha informati

<sup>12.</sup> Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information didicated on this report or suppliemental in prior 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 dire of the corporation or the receiver or supplied empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an additional state of the corporation of the receiver or supplied empowered.