


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90086 032 \*\*\*150.00

DOCUMENT # P01000012538							
1. 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				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-1093443			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GUZMAN, LEOPOLDO E 101 ARAGON AVE MIAMI, FL 33134-5426			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 registered agent.				
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GUZMAN, LEOPOLDO E	NAME					
STREET ADDRESS	5825 MAYNADA	STREET ADDRESS	809 CORAL WAY				
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	33143				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GUZMAN, SUSAN C	NAME					
STREET ADDRESS	5825 MAYNADA	STREET ADDRESS	809 CORAL WAY				
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	33143				
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CITY-ST-ZIP		CITY-ST-ZIP					
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, and all other like empowered.							
SIGNATURE: _____			LEOPOLDO E. GUZMAN 03/29/07 305-374-3600 Date Daytime Phone #				

40040000



03222007 Chg-P CR2E034 (12/06)

305-374-3600