


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000012648 1. Entity Name GUACAMAYO DISTRIBUTORS, INC.	
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Principal Place of Business 1947 BRANCHWATER TRAIL ORLANDO, FL 32825	Mailing Address 1947 BRANCHWATER TRAIL ORLANDO, FL 32825
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04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3712352	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANMIGUEL, MYRIAM 1947 BRANCHWATER TRAIL ORLANDO, FL 32825

**DO NOT WRITE
IN THIS SPACE**

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: *Myriam de la Cruz* DATE: 04-29-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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000000355052
05/03/05-80132-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANMIGUEL, MYRIAM 1947 BRANCHWATER TRAIL ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANMIGUEL, HEMBER 1947 BRANCHWATER TRAIL ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANMIGUEL, JUAN C 1947 BRANCHWATER TRAIL ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM SANMIGUEL, DAVID 1947 BRANCHWATER TRAIL ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AM SANMIGUEL, ANAMANIA 1947 BRANCHWATER TRAIL ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Myriam de la Cruz* DATE: 04-29-05 DAYTIME PHONE: 407-437-3352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR