## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000028616

Entity Name: GUIDO HOLDINGS, INC.

**FILED** Feb 13, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

8360 WEST FLAGLER STREET 8360 WEST FLAGLER STREET

#200 #200

MIAMI, FL 33144 MIAMI, FL 33144

**Current Mailing Address: New Mailing Address:** 

8360 WEST FLAGLER STREET 8360 WEST FLAGLER STREET

#200 #200

MIAMI, FL 33144 MIAMI, FL 33144 US

FEI Number: 65-1132579 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OSTROWIECKI, TATE OSTROWIECKI, ARON 8360 WEST FLÄGLER STREET 8360 WEST FLAGLER STREET

#200 #200 MIAMI, FL 33144 US MIAMI, FL 33144 US

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.

SIGNATURE: ARON OSTROWIECKI 02/13/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition Title: ( ) Delete Title:

OSTROWIECKI, ARON OSTROWIECKI, ARON Name: Name: 8360 WEST FLAGLER STREET 8360 WEST FLAGLER STREET Address: Address:

City-St-Zip: MIAMI, FL 33144 City-St-Zip: MIAMI, FL 33144

Title: () Delete Title: VPD ( ) Change (X) Addition

Name: Name: OSTROWIECKI, MARTHA

8360 W FLAGLER STREET, STE 200 Address: Address:

MIAMI, FL 33144 US City-St-Zip: City-St-Zip:

Title: Title: ( ) Change (X) Addition () Delete SD

Name: OSTROWIECKI, GUIDO Name: 8360 W FLAGLER STREET,STE 200 Address Address:

City-St-Zip: City-St-Zip: MIAMI, FL 33144 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARON OSTROWIECKI PD 02/13/2009