
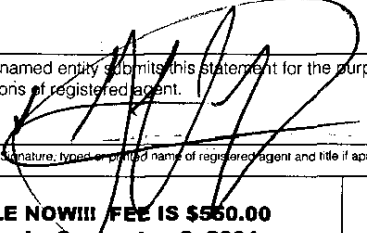


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90467 023 \*\*\*150.00

<b>DOCUMENT # P01000057708</b>			
1. Entity Name GUAL INTERNATIONAL CORP.			
Principal Place of Business 999 BRICKELL BAY DR. SUITE 10-11 MIAMI, FL 33131		Mailing Address 999 BRICKELL BAY DR. SUITE 10-11 MIAMI, FL 33131	
2. Principal Place of Business 411 Cleveland St Suite, Apt. #, etc. 284 City & State Clearwater FL Zip 33755 Country USA		3. Mailing Address 1212 SW 2 St Suite, Apt. #, etc. City & State Miami FL Zip 33135 Country USA	
6. Name and Address of Current Registered Agent GUZMAN VALENCIA, CESAR AUGUSTO 1375 PLUMOSA WAY WESTON, FL 33327		7. Name and Address of New Registered Agent Name Cesar Augusto Guzman Valencia Street Address (P.O. Box Number is Not Acceptable) 411 Cleveland Street #284 City Clearwater FL Zip Code 33755	
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 5/5/04			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD GUZMAN VALENCIA, PAULA VANESA 999 BRICKELL BAY DRIVE #1011 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUZMAN VALENCIA, CESAR AUGUSTO 999 BRICKELL BAY DRIVE #1011 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Guzman Valencia, Cesar Augusto <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 411 Cleveland St #284 Clearwater FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD VALENCIA MUNOZ, ROSANA 999 BRICKELL BAY DRIVE #1011 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/04

Date

Daytime Phone #

24074170



05062004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-1150690  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

Attachment  
24074176

**AFFIDAVIT WITH JURAT**

**Date: May 5, 2004**

**RE: DOCUMENT # P01000057708**

**State of Florida  
County of Miami-Dade**

**The purpose of this letter is to acknowledge that I, Cesar A. Guzman Valencia, Vice- President of GUAL INTERNATIONAL CORP. located at 411 Cleveland Street # 284 in Clearwater, Florida 33755, and properly identified declare under oath declare that:**

**I mailed the Uniform Business Report with a check for \$150 which never cleared my bank. For this reason I ask that you accept a duplicate check in the amount of \$150. If there are any inquiries please contact my Accountant JANET VASALLO at your convenience (305) 643-2482.**

**X**

**Affiant's Signature**

**NOTARY PUBLIC**

