



FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90160 004 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000059084 1. Entity Name GUACO CORPORATION		
Principal Place of Business 3690 N STATE RD 7 LAUDERDALE LAKES, FL 33319		Mailing Address 3690 N STATE RD 7 LAUDERDALE LAKES, FL 33319
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent URENA, OZZIE 1617 NW 143 WAY PEMBROKE PINES, FL 33028		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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	URENA, ORBIE	
STREET ADDRESS	1617 NW 143RD WAY	
CITY - ST - ZIP	PEMBROKE PINES, FL 33028	
TITLE	VP	
NAME	DAYS, A. URENA	
STREET ADDRESS	1617 NW 143 WAY	
CITY - ST - ZIP	PEMBROKE PINES, FL 33028	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP		
TITLE		
NAME		
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, with all other like empowered.		
SIGNATURE:  14-28-06 (954) 735-7742 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

40085497



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1125919	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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