


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

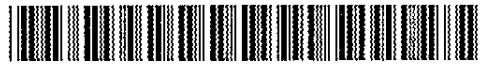
DOCUMENT # P01000085795

1. Entity Name
GUZCIA ENTERPRISES, INC.



Principal Place of Business Mailing Address

12401 W. OKEECHOBEE ROAD #372 12401 W. OKEECHOBEE ROAD #372
 HIALEAH, FL 33018 HIALEAH, FL 33018



03182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1136267 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, ROSA
 12401 W. OKEECHOBEE ROAD #372
 HIALEAH, FL 33018

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B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARCIA, ROSA
STREET ADDRESS	12401 W. OKEECHOBEE ROAD #372
CITY - ST - ZIP	HIALEAH, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/22/04-80023-005 150.00

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)(f), 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: *Rosa Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-04 (305) 891-6513
Date Daytime Phone #