

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000107792

1. Entity Name  
GUAGUIS INC.



FILED

04 MAR 19 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
U I Ueae:ec ceoal -eo uoaausoo I -e-a U I Ueae:ec ceoal -eo uoaausoo I -e-a  
ueaah-oo Uae- eo oo ueaah-oo Uae- eo oo  
I ai o oo I ai o oo

2. Principal Place of Business 3. Mailing Address  
2655 LeJune Rd Same  
Suite, Apt. #, etc. #507 Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For  
Coral Gables Fl. 75-2978441 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired X \$8.75 Additional Fee Required  
33134 USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
GALVEZ-PRIEGO, JORGE Name Juan Vincente Urdaneta  
888 BRICKELL AVE, 5TH FL Street Address (P.O. Box Number is Not Acceptable)  
MIAMI, FL 33131 2655 LeJune Rd., #507  
City Coral Gables FL Zip Code 33134

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: [Signature] DATE 3/17/04  
(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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRENECHEA DECARAZA, LAURA		NAME	2655 LeJune Rd, #507	
STREET ADDRESS	888 BRICKELL AVE, 5TH FL		STREET ADDRESS	Coral Gables, Fl. 33134	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPOS, LAURA C		NAME	2655 LeJune Rd, #507	
STREET ADDRESS	888 BRICKELL AVE, 5TH FL		STREET ADDRESS	Coral Gables, Fl. 33134	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPOS, CARMEN C		NAME	2655 LeJune Rd, #507	
STREET ADDRESS	888 BRICKELL AVE, 5TH FL		STREET ADDRESS	Coral Gables, Fl. 33134	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	900031287919	
STREET ADDRESS			STREET ADDRESS	03/26/04--01094--021 **158.75	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: LAURA DE CARAZA [Signature] DATE 3/17/04 DAYTIME PHONE 305-728-1319  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR