

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90034 015 ***150.00

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1. Entity Name
GUEMEGA INVESTMENTS CORP..



Principal Place of Business
**1390 BRICKELL AVENUE, SUITE 200
MIAMI, FL 33131**

Mailing Address
**1390 BRICKELL AVENUE, SUITE 200
MIAMI, FL 33131**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

02202004 Chg-P CR2E034 (10/03)

4. FEI Number
68-0523598

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CASTILLO, ALVARO B
1390 BRICKELL AVENUE, SUITE 200
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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** ☐ Delete
NAME **GUERRERO TORREALBA, JOSE FRANCISCO**
STREET ADDRESS **1390 BRICKELL AVENUE, SUITE 200**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **D** ☐ Delete
NAME **MEDINA, ANGEL**
STREET ADDRESS **1390 BRICKELL AVENUE, SUITE 200**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Jose Francisco Torrealba Guerrero**
STREET ADDRESS **1390 Brickell Avenue, Suite 200**
CITY-ST-ZIP **Miami, Florida 33131**

TITLE **S** ☒ Change ☐ Addition
NAME **Angel Gonzalo Medina**
STREET ADDRESS **1390 Brickell Avenue, Suite 200**
CITY-ST-ZIP **Miami, Florida 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Francisco Torrealba
President

2-24-04

Date

305 571-5540

Daytime Phone #