

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90183 022 ***150.00

DOCUMENT # P02000042378

1. Entity Name
GUVICA INTERNATIONAL CORP.



Principal Place of Business
2100 PONCE DE LEON BLVD SUITE 600
CORAL GABLES, FL 33134

Mailing Address
2100 PONCE DE LEON BLVD SUITE 600
CORAL GABLES, FL 33134

50048279

DO NOT WRITE IN THIS SPACE

(P02000042378P)

04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
.03-0439167

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~GURIAN, JORGE~~ **CARLOS J. VILLANUEVA, ESQ.**
2100 PONCE DE LEON BLVD SUITE 600
CORAL GABLES, FL 33134

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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

4-30-05

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GURISATTI, CLAUDIA
STREET ADDRESS 2100 PONCE DE LEON BLVD SUITE 600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE TD
NAME VIVANCO, DIEGO
STREET ADDRESS 2100 PONCE DE LEON BLVD SUITE 600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VD
NAME CAMACHO, MANUEL
STREET ADDRESS 2100 PONCE DE LEON BLVD SUITE 600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE SD
NAME GURISATTI, ISABELLA
STREET ADDRESS 2100 PONCE DE LEON BLVD SUITE 600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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

Date

Daytime Phone #

4-30-05 305-377-0812