
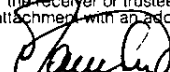


FILED
Mar 30, 2005 8:00 am
Secretary of State

DOCUMENT # P02000067105			
1. Entity Name GUILLE CUTTING SERVICE, INC.			
Principal Place of Business 11201 SW 55TH STREET #446 MIRAMAR, FL 33025		Mailing Address 11201 SW 55TH STREET #446 MIRAMAR, FL 33025	
2. Principal Place of Business 17150 SW 149 Ave.		3. Mailing Address 17150 SW 149 Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI - FLORIDA		City & State MIAMI - FLORIDA	
Zip 33187	Country USA	Zip 33187	Country USA
6. Name and Address of Current Registered Agent			
BAMBERGER, CARLA V 11201 SW 55TH STREET #446 - MIRAMAR, FL 33025 17150 SW 149 Ave. MIAMI, FL 33187			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
PTD BAMBERGER, CARLA V 11201 SW 55TH STREET #446 MIRAMAR, FL 33025		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
VSD BAMBERGER, JAVIER A 11201 SW 55TH STREET #446 MIRAMAR, FL 33025		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
		<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		JAVIER A. BAMBERGER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			