## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P02000067105  1. Entity Name GUILLE CUTTING SERVICE, INC.					03-30-200	05 90035 013	***150.00	
Principal Place 11201 SW 55 MIRAMAR, FL	5TH STREET #446	Mailing Address 11201 SW 55TH STREET #446 MIRAMAR, FL 33025						
2. Principal P	lace of Business SW 149 Ave.	3. Mailing Address /7150 らむ 1						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142005	Chg-P	CR2E034 (	10/03)	
City & State MiAMI - FLORE'DA		City & State HiAMI'- FLORIM		4. FEI Numbe 01-071				
-33/87	Country - USA	Zip <b>3318</b> 7	Country US A	5. Certificate	of Status Desired		75 Additional Required	
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent			
BAMBERGER, CARLA V  112015W55TH STREET #446-  17150 3W 149 Av.  Street Address (					P.O. Box Number is Not Acceptable)			
MIRAMAR, FL 33026- MIAMI, FL 33187								
	•	,	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 famillar with, and accept the obligations of registered agent.								
SIGNATURE								
FILE NOWII! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10. TITLE	OFFICERS AND		11.	ADDITIONS	CHANGES TO OF	- tran		
NAME STREET ADDRESS CITY-ST-ZIP	BAMBERGER, CARLA V 11201 SW 55TH STREET #446 MIRAMAR, FL 33025	L.J Delete		1150 SW	149 AV.	Miani f		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BAMBERGER, JAVIER A 11201 SW 55TH STREET #446 MIRAMAR, FL 33025	☐ Delete	TITLE NAME STREET ADDRESS	ו שב סצודי	49 AUE.	•	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change Addition	
12. I hereby certify that the information supplied with this filling 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: JAVIER A. BAMBERSER RESIDENT 03/10/05 305-356-3467								