

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -6 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P02000070557

1. Entity Name
GUILLAMA, INC.

Principal Place of Business
5201 BLUE LAGOON DRIVE
SUITE 959
MIAMI, FL 33126

Mailing Address
5201 BLUE LAGOON DRIVE
SUITE 959
MIAMI, FL 33126

2. Principal Place of Business

3. Mailing Address
470 NOEL J. GUILLAMA

Suite, Apt. #, etc.

Suite, Apt. #, etc.
929 CEDAR COVE ROAD

City & State

City & State
Wellington FL

Zip

Country

Zip
33414

Country

USA



CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUILLAMA, NOEL J
~~5201 BLUE LAGOON DRIVE~~
~~SUITE 959~~
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
929 CEDAR COVE ROAD
Wellington FL Zip Code **33414**

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

Noel J. Guillama
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

4/27/2003

FILE NOW! FEE IS \$50.00

After May 1, 2003 Fee will be \$500.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GUILLAMA, NOEL J	5201 BLUE LAGOON DRIVE, SUITE 959	MIAMI, FL 33126	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CHAIRMAN, PRESIDENT, DIRECTOR	NOEL J. GUILLAMA	929 CEDAR COVE ROAD	WELLINGTON, FL 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Noel J. Guillama
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

4/27/2003 561-148-0029

CFR2034 (10/02)