

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90028 024 ***150.00

DOCUMENT # P02000096655

1. Entity Name
GURICAR, INC.



Principal Place of Business
C/O ROTH, ROUSSO & DARACH, P.A.
3440 HOLLYWOOD BOULEVARD #360
HOLLYWOOD, FL 33021

Mailing Address
C/O ROTH, ROUSSO & DARACH, P.A.
3440 HOLLYWOOD BOULEVARD #360
HOLLYWOOD, FL 33021

94020654

2. Principal Place of Business
18851 NE 29th Ave

3. Mailing Address
18851 NE 29th Ave

Suite, Apt. #, etc.
900



01092004 Chg-P CR2E034 (10/03)

City & State
AVENTURA, FL

City & State
AVENTURA, FL

4. FEI Number
47-0898706

Applied For
 Not Applicable

Zip
33180

Country
USA

Zip
33180

Country
USA

5. Certificate of Status Desired **\$8:75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROTH, LEONARDO A ESQ.
C/O ROTH, ROUSSO & DARACH, P.A.
3440 HOLLYWOOD BOULEVARD #360
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
ROTH LEONARDO A. ESQ

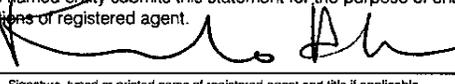
Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29th Ave Suite 900

City
AVENTURA

State
FL

Zip Code
33180

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  **LEONARDO A. ROTH, ESQ** DATE **02/23/04**

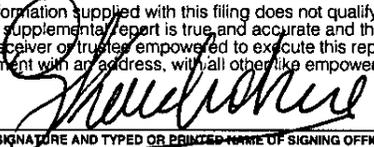
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KUCHIKIAN, GUSTAVO C 3440 HOLLYWOOD BLVD #360 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th Ave Suite 900 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KUCHIKIAN, RICARDO 3440 HOLLYWOOD BLVD #360 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th Ave Suite 900 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUCHIKIAN, CARLOS 3440 HOLLYWOOD BLVD #360 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th Ave Suite 900 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **KUCHIKIAN GUSTAVO C PSD** DATE **2/23/04** DAYTIME PHONE # **786 279 0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR