

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-26-2004 90028 024 \*\*\*150.00

<b>DOCUMENT # P02000096655</b> 1. Entity Name <b>GURICAR, INC.</b>			
Principal Place of Business <b>C/O ROTH, ROUSSO &amp; DARACH, P.A.</b> <b>3440 HOLLYWOOD BOULEVARD #360</b> <b>HOLLYWOOD, FL 33021</b>		Mailing Address <b>C/O ROTH, ROUSSO &amp; DARACH, P.A.</b> <b>3440 HOLLYWOOD BOULEVARD #360</b> <b>HOLLYWOOD, FL 33021</b>	
2. Principal Place of Business <b>18851 NE 29th Ave</b> Suite, Apt. #, etc. <b>900</b> City & State <b>AVENTURA, FL</b> Zip <b>33180</b> Country <b>USA</b>		3. Mailing Address <b>18851 NE 29th Ave</b> Suite, Apt. #, etc. <b>900</b> City & State <b>AVENTURA, FL</b> Zip <b>33180</b> Country <b>USA</b>	
4. FEI Number <b>47-0898706</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROTH, LEONARDO A ESQ.</b> <b>C/O ROTH, ROUSSO &amp; DARACH, P.A.</b> <b>3440 HOLLYWOOD BOULEVARD #360</b> <b>HOLLYWOOD, FL 33021</b>		7. Name and Address of New Registered Agent Name <b>ROTH LEONARDO A. ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>18851 NE 29th Ave Suite 900</b> City <b>AVENTURA</b> State <b>FL</b> Zip Code <b>33180</b>	
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 <b>LEONARDO A. ROTH, ESQ</b> DATE <b>02/23/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input type="checkbox"/> Delete <b>KUCHIKIAN, GUSTAVO C</b> <b>3440 HOLLYWOOD BLVD. #360</b> <b>HOLLYWOOD, FL 33021</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18851 NE 29th Ave Suite 900</b> <b>AVENTURA, FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <input type="checkbox"/> Delete <b>KUCHIKIAN, RICARDO</b> <b>3440 HOLLYWOOD BLVD. #360</b> <b>HOLLYWOOD, FL 33021</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18851 NE 29th Ave Suite 900</b> <b>AVENTURA, FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>KUCHIKIAN, CARLOS</b> <b>3440 HOLLYWOOD BLVD. #360</b> <b>HOLLYWOOD, FL 33021</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18851 NE 29th Ave Suite 900</b> <b>AVENTURA, FL 33180</b>
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: <b>KUCHIKIAN GUSTAVO C PSD</b>		DATE <b>2/23/04</b> DAYTIME PHONE # <b>786 279 0000</b>	

94020654



01092004 Chg-P CR2E034 (10/03)