
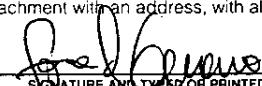


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90838 001 \*\*\*750.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                     |                                                                                                                          |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000106345</b><br>1. Entity Name<br><b>GUERRERO ENGINEERING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                     |                                                                                                                          |  |  |
| Principal Place of Business<br><b>2450 SW 137TH AVENUE<br/>SUITE 234<br/>MIAMI FL 33175</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                     | Mailing Address<br><b>2450 SW 137TH AVENUE<br/>SUITE 234<br/>MIAMI FL 33175</b>                                          |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | 3. Mailing Address  |                                                                                                                          |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | Suite, Apt. #, etc. |                                                                                                                          |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | City & State        |                                                                                                                          |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                           | Zip                 | Country                                                                                                                  |                                                                                   |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                     | 7. Name and Address of New Registered Agent                                                                              |                                                                                   |  |
| <b>LOPEZ, PETER M ESQ.<br/>2450 SW 137TH AVENUE<br/>SUITE 234<br/>MIAMI FL 33175</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                     | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> 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 familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                     |                                                                                                                          |                                                                                   |  |
| SIGNATURE _____<br><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><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                     | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                    |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete |                     | TITLE                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GUERRERO, FREDDY A                |                     | NAME                                                                                                                     |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2450 SW 137TH AVENUE              |                     | STREET ADDRESS                                                                                                           |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MIAMI FL 33175                    |                     | CITY - ST - ZIP                                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete |                     | TITLE                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LEON, MARITZA V +                 |                     | NAME                                                                                                                     |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2450 SW 137TH AVENUE              |                     | STREET ADDRESS                                                                                                           |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MIAMI FL 33175                    |                     | CITY - ST - ZIP                                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   |                     | TITLE                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                     | NAME                                                                                                                     |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                     | STREET ADDRESS                                                                                                           |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                     | CITY - ST - ZIP                                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   |                     | TITLE                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                     | NAME                                                                                                                     |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                     | STREET ADDRESS                                                                                                           |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                     | CITY - ST - ZIP                                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   |                     | TITLE                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                     | NAME                                                                                                                     |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                     | STREET ADDRESS                                                                                                           |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                     | CITY - ST - ZIP                                                                                                          |                                                                                   |  |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                     | 4/27/04                                                                                                                  |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                     | Date Daytime Phone #                                                                                                     |                                                                                   |  |