

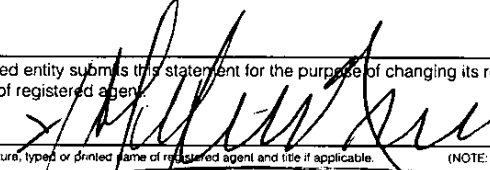
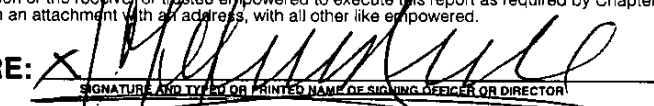


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90261 040 ***150.00

DOCUMENT # P02000114967 1. Entity Name GUERRERO & RIVERA INC.					
Principal Place of Business 5462 HOFFNER AVENUE STE 501 ORLANDO, FL 32812				Mailing Address 5462 HOFFNER AVENUE STE 501 ORLANDO, FL 32812	
2. Principal Place of Business 5448 HOFFNER AVE Suite, Apt. #, etc. 203 City & State ORLANDO, FLORIDA Zip 32812		3. Mailing Address 5448 HOFFNER Suite, Apt. #, etc. 203 City & State ORLANDO, FLORIDA Zip 32812			
4. FEI Number 74-3066844				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERA, WILLIAM 5462 HOFFNER AVENUE STE 501 ORLANDO, FL 32812				7. Name and Address of New Registered Agent Name WILLIAM RIVERA Street Address (P.O. Box Number is Not Acceptable) 5448 HOFFNER AVE # 203 City ORLANDO FL Zip Code 32812	
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME GUERRERO, ALBERTO STREET ADDRESS 5462 HOFFNER AVENUE STE 501 CITY-ST-ZIP ORLANDO, FL 32812	<input type="checkbox"/> Delete		TITLE P NAME ALBERTO GUERRERO STREET ADDRESS 5448 HOFFNER AVE #203 CITY-ST-ZIP ORLANDO, FLORIDA 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME RIVERA, WILLIAM STREET ADDRESS 5462 HOFFNER AVENUE STE 501 CITY-ST-ZIP ORLANDO, FL 32812	<input type="checkbox"/> Delete		TITLE VP/T.S. NAME WILLIAM RIVERA STREET ADDRESS 5448 HOFFNER AVE #203 CITY-ST-ZIP ORLANDO, FLORIDA 32812	<input checked="" 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	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR:					
Date: 4/20/05 Daytime Phone #: 407 382-9353					