

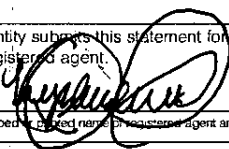
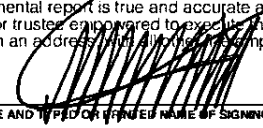


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000133155					
1. Entity Name GURIA CORPORATION					
Principal Place of Business 4848 N. STATE ROAD SUITE 304 COCONUT CREEK, FL 33073			Mailing Address 4848 N. STATE ROAD SUITE 304 COCONUT CREEK, FL 33073		
2. Principal Place of Business 2997 W. Commercial Blvd		3. Mailing Address 2997 W. Commercial Blvd		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">04 JUN -3 PM 2:26</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 05282004 Chg-P CR2E034 (10/03) </div> <div style="text-align: right; font-size: 1.5em; font-weight: bold;">JR</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL			
Zip 33309	Country USA	Zip 33309	Country USA		
4. FEI Number 02-0676029				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 MILLENNIA CONSULTING SERVICES, INC. 2030 NE 203RD STREET SUITE 106B MIAMI DADE, FL 33180			7. Name and Address of New Registered Agent Name Elo Enterprises Inc. Street Address (P.O. Box Number is Not Acceptable) 1900 W. Commercial Blvd. #139 City Fort Lauderdale, FL Zip Code 33309		
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 			DATE 05/28/04		
(NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANTONIO ANGELO MORO REDESCHI 4848 N. STATE ROAD #304 COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12471 Somiu CT Boca Raton, FL 33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORE REDESCHI, BIANCA G 4848 N. STATE ROAD #304 COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12471 Somiu CT Boca Raton, FL 33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOMENICA GRINBERG MORO REDESCHI 4848 N. STATE ROAD #304 COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10110 Boca Entrada Blvd #101 Boca Raton, FL 33428	
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 700037798437 06/09/04--01029--029 **\$600.00	
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 and authority empowered.					
SIGNATURE: 			DATE 05/28/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		