FROM : FAX NO. : Apr. 29 2008 07:21PM P5

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000133165

1. Entity Name
GURIA CORPORATION

Principal Place of Business	Mailing Address
2997 W COMMERCIAL BLVD FT LAUDERDALE, FL 33309	2997 W COMMERCIAL BLVD FT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

04/29/2008 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0676029
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REDESCHI, ANTONIO M
2997 W COMMERCIAL BLVD
FT LAUDERDALE, FL 33309

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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
Signature, typed or printed name of registered agent and the address (Name of Registered Agent must be executed when name is entered)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REDESCHI, ANTONIO M
STREET ADDRESS	12471 SAWMILL CT
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	VD
NAME	REDESCHI, BIANCA G M
STREET ADDRESS	12471 SAWMILL CT
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	SD
NAME	REDESCHI, DOMENICA G M
STREET ADDRESS	12471 SAWMILL CT
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/08-80046-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 asterisk, with all other like empowered.

SIGNATURE: X _____ 04/28/08 561-210-5556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #