


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90001 007 ***550.00

DOCUMENT # P03000027155	
1. Entity Name MANUEL GUILLEN, INC.	

Principal Place of Business 363 NE SURREY ST. PROT ST. LUICE, FL 34983	Mailing Address 363 NE SURREY ST. PROT ST. LUICE, FL 34983
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54067144



2. Principal Place of Business Suite, Apt. #, etc. 363 NE Surrey St. City & State Port St. Lucie, FL Zip 34983	3. Mailing Address 363 NE Surrey St. Suite, Apt. #, etc. City & State Port St. Lucie, FL Zip 34983
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07052004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent GUILLEN, MANUEL 363 NE SURREY ST. PROT ST. LUICE, FL 34983	
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7. Name and Address of New Registered Agent Name Guillen Manuel Street Address (P.O. Box Number is Not Acceptable) 363 NE Surrey St. City Port St. Lucie FL Zip Code 34983	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D: GUILLEN, MANUEL 363 NE SURREY ST. PROT ST. LUICE, FL 34983 <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
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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: Manuel Guillen **8/2/04** (772) 878-7138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #