


**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**

**54067144**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
**363 NE Surrey St.**

3. Mailing Address  
 Suite, Apt. #, etc.  
**363 NE Surrey St.**

07052004 Chg-P CR2E034 (10/03)

City & State  
**Port St. Lucie, FL**

City & State  
**Port St. Lucie, FL**

Zip  
**34983**

Country  
**St. Lucie**

Zip  
**34983**

Country  
**St. Lucie**

4. FEI Number  
**65-1178400**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GUILLEN, MANUEL  
 363 NE SURREY ST.  
 PROT ST. LUICE, FL 34983**

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**

State  
**FL**

Zip Code  
**34983**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D: <input type="checkbox"/> Delete <b>GUILLEN, MANUEL 363 NE SURREY ST. PROT ST. LUICE, FL 34983</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 #