

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027155

Entity Name: MANUEL GUILLEN, INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

363 NE SURREY ST.
PORT ST. LUICE, FL 34983

New Principal Place of Business:

363 NE SURREY ST.
PORT ST. LUICE, FL 34983

Current Mailing Address:

363 NE SURREY ST.
PORT ST. LUICE, FL 34983

New Mailing Address:

363 NE SURREY ST.
PORT ST. LUICE, FL 34983

FEI Number: 65-1178400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUILLEN, MANUEL
363 NE SURREY ST.
PORT ST. LUICE, FL 34983 US

Name and Address of New Registered Agent:

GUILLEN, MANUEL
363 NE SURREY ST.
PORT ST. LUICE, FL 34983 US

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.

SIGNATURE: MANUEL GUILLEN

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUILLEN, MANUEL
Address: 363 NE SURREY ST.
City-St-Zip: PROT ST. LUICE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GUILLEN, MANUEL
Address: 363 NE SURREY ST.
City-St-Zip: PORT ST. LUICE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL GUILLEN

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date