2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 24, 2006 8:00 am Secretary of State

DOCUMENT # P0300046654 1. Enlity Name GUARA'S IMPORT & EXPORT, INC.						07-24-2006	5 90006 O	41 ***15	0.00
Principal Place of Business 1121 SOUTH MILITARY TRAIL, #167 DEERFIELD BEACH, FL 33442-7645		Mailing Address 1121 SOUTH MILITARY TRAIL, #167 DEERFIELD BEACH, FL 33442-7645			1198118844	PAISA IIIN ATIII ATIII PRII	\$ 84 (11 21218 2 111)	-	46 1 (1 (48)
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07132006	Chg-P	CR2E03	4 (11/05)	
City & State		City & State			4. FEI Numb 04-375			_ 	olied For Applicable
Zìp	Country	Zip	Zip Countr		5. Certificate	of Status Desired		8.75 Addi ee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
RODRIQUES-PEREZ, DEBORAH S									
9 VIA DE CASAS SUR #203 BOYNTON BEACH, FL 33426			Street Address (P.O. Box Number is Not Acceptable)						
· ^. ,			City			FL	Zip Code		
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 Signáture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agnature required when reinstating) DATE									
FILE NOWILL FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be ded to Fees	In accordance v corporation did	vith s. 607. not receive	193(2)(b), I the prior n	S., the otice.	
10	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUES, GUARACY 9 VIA DE CASAS SUR #203 BOYNTON BEACH, FL 33426	☐ Delete	1	l l				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST RODRIGUES, DEBORAH 9 VIA DE CASAS SUR #203 BOYNTON BEACH, FL 33426	☐ Delete		I				☐ Change	☐ Addition
TITLE NAME -STREET ADDRESS -CITY-ST-ZIP		☐ Delete				·		☐ Change —	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oefete						☐ Change	Addition
12. I hereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if									