

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000072532

1. Entity Name
GUILLO PEREZ ART GALLERY INC.



Principal Place of Business

**379 LAKEVIEW DR
APT # 201
WESTON, FL 33326**

Mailing Address

**379 LAKEVIEW DR
APT # 201
WESTON, FL 33326**

FILED
05 JUL 22 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07152005 No Chg-P CR2E034 (10/03)

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4. FEI Number
20-0065811

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALVAREZ, PEDRO
379 LAKEVIEW DR
APT # 201
WESTON, FL 33326**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, PEDRO 379 LAKEVIEW DR APT # 201 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ALVAREZ, ANA 379 LAKEVIEW DR APT # 201 WESTON, FL 33326
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100058539641
08/12/05--01070--019 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Alvarez Pedro Alvarez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/15/05 *954-288-2420*
Date Daytime Phone #