


**2007-FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000089671**  
 1. Entity Name  
**THE CLOSET GUILD OF FLORIDA, CORP.**



Principal Place of Business      Mailing Address  
**540 WEST 27 ST**                      **540 WEST 27 ST**  
**HIALEAH, FL 33010**                      **HIALEAH, FL 33010**

**DO NOT WRITE IN THIS SPACE**



04302007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>14-1892789</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, ANTONIO R**  
**540 WEST 27 ST**  
**HIALEAH, FL 33010**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000754428  
 05/22/07-80060-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MARTINEZ, ANTONIO R
STREET ADDRESS	540 WEST 27 ST
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:**  **Antonio R Martinez**    4/30/07    305 884 5560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #