

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90039 002 \*\*\*150.00

**DOCUMENT # P03000098791**



1. Entity Name  
**OGUANY CORPORATION**

Principal Place of Business Mailing Address  
**210 NORTH JINETTE ST 210 NORTH JINETTE ST**  
**CLEWISTON, FL 33440 US CLEWISTON, FL 33440 US**

**54013649**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

02242004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number **54 2125912** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARRERO, CARLOS R**  
**210 NORTH JINETTE ST**  
**CLEWISTON, FL 33440**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **P**  
 STREET ADDRESS **MARRERO, CARLOS R**  
 CITY-ST-ZIP **210 NORTH JINETTE ST**  
**CLEWISTON, FL 33440**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Date **2/24/04** Daytime Phone # **(813) 983-0015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR