2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State
04-05-2004 90079 044 ***150.00

66419611

MOORE CR2E034 (11/03)

DOCUMENT # P03000101092

1. Entity Name
GUERRERO VARGAS & SONS, INC.

Principal Place of Business	Mailing Address
1420 SABAL TRAIL WESTON FL 33327	1420 SABAL TRAIL WESTON FL 33327

2. Principal Place of Business	3. Mailing Address
9441 LIVE OAK PLACE	9441LIVE OAK PLACE
Suite, Apt. #, etc.: 203	Suite, Apt. #, etc.
City & State: DAVIE FLORIDA	City & State
Zip: 33324 Country: UNITED STATES	Zip Country

4. FEI Number: 56-2406558 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUERRERO, GUSTAVO
1420 SABAL TRAIL
WESTON FL 33327

7. Name and Address of New Registered Agent

Name: JOSE ARTURO GUERRERO
Street Address (P.O. Box Number is Not Acceptable): 9441 live oak place
City: DAVIE FL Zip Code: 33324

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 _____ 04-02-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GUERRERO, GUSTAVO 1420 SABAL TRAIL WESTON FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOSE ARTURO GUERRERO 9441 LIVE OAK PLACE DAVIE FL 33324	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GUERRERO, OFELIA 1420 SABAL TRAIL WESTON FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GUSTAVO GUERRERO 9441 LIVE OAK PLACE ~~DAVIE FL 33324~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S OFELIA VARGAS 9441 LIVE OAK PLACE ~~DAVIE FL 33324~~	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 04-02-04 786-385-4695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #