FILED Jun 08, 2007 8:00 am Secretary of State

2007 FOR PROFIT CORPORATION 05-14-2007 90066 023 ***150.00 **ANNUAL REPORT** DOCUMENT # P03000101092 GUERRERO VARGAS & SONS, INC. Principal Place of Business Mailing Address 9441 LIVE OAK PLACE #203 9441 LIVE OAK PLACE #203 **DAVIE, FL 33324** DAVIE, FL 33324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 71055WB517CCT Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 Chg-P CR2E034 (12/06) 30<u>6</u> City & State City & State 4. FEL Number Applied For MIAMI, FLOVIDA 56-2406558 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired **55144** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARTURO GUERRERO, JOSE Street Address (P.O. Box Number is Not Acceptable) 9441 LIVE OAK PLACE #203 DAVIE, FL 33324 City Zip Code y submits this sta ment 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 fied agent, SIGNATURE ed ageds and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007; Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VP TITLE Delete HILE ☐ Change ☐ Addition NAME **GUERRERO, GUSTAVO** NAME STREET ADDRESS 1420 SABAL TRAIL STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition GUERRERO, LUZ M NAME NAME STREET ADDRESS 1420 SBAL TRAIL STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CHY-SI-7/P TITLE Delete Change ■ Addition ARTURO, GUERRERO NAME NAME STREET ADDRESS 1420 SABAL TRAIL STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP TID F TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP mē тп⊧в Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS COTOS ST-ZIP CUY-SI-ZIP 12. Thereby certify that the information appointed with this filting does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report by supplymental 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 preserver or trustel 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 attackment with an address, with all other like empowered. 04.27.07 (305)226*34*43 SIGNATURE: