


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90243 006 ***150.00

DOCUMENT # P03000101092					
1. Entity Name GUERRERO VARGAS & SONS, INC.					
Principal Place of Business 9441 LIVE OAK PLACE #203 DAVIE, FL 33324			Mailing Address 7105 SW 89 ST 306 MIAMI, FL 33144		
2. Principal Place of Business - No P.O. Box # 1420 Sabal Trail		3. Mailing Address 1420 Sabal Trail			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Weston FL		City & State Weston FL		4. FEI Number 56-2406558	
Zip 33327		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARTURO GUERRERO JOSE 9441 LIVE OAK PLACE #203 DAVIE, FL 33324			7. Name and Address of New Registered Agent Name: Jose Arturo Guerrero Street Address (P.O. Box Number is Not Acceptable) 1420 Sabal Trail City: Weston FL Zip Code: 33327		
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUERRERO, GUSTAVO		NAME		
STREET ADDRESS	1420 SABAL TRAIL		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33327		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUERRERO, LUZ M		NAME		
STREET ADDRESS	1420 SBAL TRAIL		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33327		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARTURO, GUERRERO		NAME		
STREET ADDRESS	1420 SABAL TRAIL		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33327		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			04-18-08 786-385-4695		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		