2005 FOR PROFIT CORPORATION ANNUAL REPORT

grumances

IE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # P03000135007** 04-28-2005 90180 039 ***150.00 **GUINAS CORPORATION** Principal Place of Business Mailing Address 7511 SEURAT ST 7511 SEURAT ST 307 ORLANDO, FL 32819 US ORLANDO, FL 32819 US 2. Principal Place of Business 7605 Pissarro DR 3. Mailing Address 7605 Vissarro DR Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 CR2E034 (10/03) Cha-P 105 105 Applied For City & State 4. FFI Number City & State ORLANDO . FL ORLANDO. 20-0408118 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32819-1334 32819-7334 US US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUIMARAES, MARLUCY Street Address (P.O. Box Number is Not Acceptable) 7511 SEURAT ST 307 ORLANDO, FL 32819 # 105 CITY ORLANDO 35979-733 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. DP DP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GUINARAGS, PETHION 7605 PISSARRO DR, APT #105 **GUIMARAES, PETHION** NAME NAME 7511 SEURAT ST, APT 307 STREET ADDRESS STREET ADDRESS CITY-ST-78P ORLANDO, FL 32819 CITY-ST-7IP ORLANDO,FI 32819-7334 IПF ☐ Detete TTLE DT Channe ■ Addition GUIMARAES, MARLUCY 7605 PISSARED DR JAPT # 105 ORLANDO, FI 32819-7334 NAME **GUIMARAES, MARLUCY** 7511 SEURAT ST, APT 307 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32819 Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-20P ☐ Delete MLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete ☐ Change Addition IIILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7P 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 attactment with an address, with all other like empowered.

FILED

April 26.2005 407-4703668