

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 20, 2004 8:00 am
Secretary of State

4/2:

04-22-2004 90065 032 ***150.00

DOCUMENT # P03000141800

1. Entity Name
ARMANDO GUTIERREZ, INC.



Principal Place of Business
**1431 N. NORMANDY BLVD.
 DELTONA, FL 32725**

Mailing Address
**1431 N. NORMANDY BLVD.
 DELTONA, FL 32725**

66423149



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**GUTIERREZ, ARMANDO
 1431 N. NORMANDY BLVD.
 DELTONA, FL 32725**

7. Name and Address of New Registered Agent
 Name **Luz E. Hernandez**
 Street Address (P.O. Box Number is Not Acceptable) **1037 E. Hancock Dr**
 City **Deltona** FL Zip Code **32725**

4. FEI Number **56-2416048** Applied For Not Applicable

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

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 *Luz E. Hernandez*, **Luz E. Hernandez** DATE **4-14-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GUTIERREZ, ARMANDO 1431 N. NORMANDY BLVD. DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARAJAS, SERGIO A 1431 N. NORMANDY BLVD. DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARAJAS, FERNANDO 1431 N. NORMANDY BLVD. DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *X Armando Gutierrez.O.*

Date *MA. 15. 04*