



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P04000084920 1. Entity Name GUIXCO VENTURES, INC.	
--	---

Principal Place of Business 5800 NORTHWEST 32ND COURT MIAMI, FL 33142	Mailing Address C/O IVAN A. GOMEZ, P.A. 601 BRICKELL KEY DRIVE, SUITE 507 MIAMI, FL 33131
---	---

DO NOT WRITE IN THIS SPACE



03182007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1382022	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**IAG CORPORATE SERVICES, INC.
601 BRICKELL KEY DRIVE
SUITE 507
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

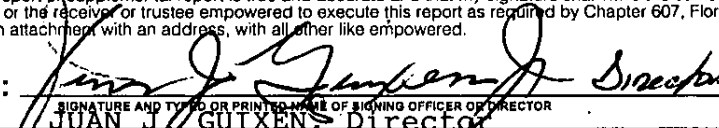
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIXENS, JUAN J 5800 NORTHWEST 32ND COURT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIXENS, JUAN J JR. 5800 NORTHWEST 32ND COURT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIXENS, MANUEL J 5800 NORTHWEST 32ND COURT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000725267
05/03/07-80015-013 158.75

**DO NOT WRITE
IN THIS SPACE**

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:  **Director** **4/18/2007 (305) 371-9213**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JUAN J. GUIXEN, Director