

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P04000084920</b>	
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
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**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"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_

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

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

U00000725267  
05/03/07-80015-013 158.75

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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:** Juan J Guixen, Director 4/18/2007 (305) 371-9213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #