

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90236 030 \*\*\*158.75

DOCUMENT # P04000117832

1. Entity Name

221 BUILDING CORPORATION



Principal Place of Business

108 TRUXTON DRIVE  
MIAMI SPRINGS FL 33166

Mailing Address

108 TRUXTON DRIVE  
MIAMI SPRINGS FL 33166

2. Principal Place of Business

221 SW 22 Ave

3. Mailing Address

221 SW 22 Ave

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

Miami, FL

City & State

Miami, FL

Zip

33135

Country

USA

Zip

33135

Country

USA

4. FEI Number

20-1485308

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUEITS, CARLOS  
108 TRUXTON DRIVE  
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

Name Carlos Gueits  
Street Address (P.O. Box Number is Not Acceptable)

16570 NE 26 Ave, Unit 2H

City North Miami Beach FL Zip Code 33160

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

4/20/05

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GUEITS, CARLOS  
STREET ADDRESS 108 TRUXTON DRIVE  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE VD ☐ Delete  
NAME GUEITS, ABEL  
STREET ADDRESS 880 NORTHEAST 80TH STREET  
CITY-ST-ZIP MIAMI FL 33181

TITLE STD ☐ Delete  
NAME GUEITS, JACQUELINE  
STREET ADDRESS 108 TRUXTON DRIVE  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 16570 NE 26 Ave, Unit 2H  
CITY-ST-ZIP North Miami Beach, FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 16570 NE 26 Ave, Unit 2H  
CITY-ST-ZIP North Miami Beach, FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/05 (305) 642-2990