


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000121374		
1. Entity Name GUILLEN'S EXPRESS TILE & MARBLE, INC.		
Principal Place of Business 5405 5TH STREET WEST LEHIGH ACRES, FL 33971	Mailing Address 5405 5TH STREET WEST LEHIGH ACRES, FL 33971	
DO NOT WRITE IN THIS SPACE		



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3724999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GUILLEN, ROBERTO A 5405 5TH STREET WEST LEHIGH ACRES, FL 33971		DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP GUILLEN, ROBERTO A 5405 5TH STREET WEST LEHIGH ACRES, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUILLEN, ERVIN A 3970 20 PL SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roberto Guillen

[Signature]

Date

(239) 691-2865

Daytime Phone #