


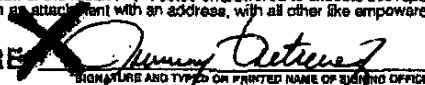
**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90156 016 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

14007335



<b>DOCUMENT # P04000127092</b>			
1. Entity Name <b>GOOTZ REAL ESTATE, INC.</b>			
Principal Place of Business 25051 SW 120 PLACE HOMESTEAD, FL 33032		Mailing Address 25051 SW 120 PLACE HOMESTEAD, FL 33032	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GUTIERREZ, JIMMY A 25051 SW 120 PLACE HOMESTEAD, FL 33032		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.</small>			
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2005 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO GUTIERREZ, JIMMY A 25051 SW 120 PLACE HOMESTEAD, FL 33032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 		Jimmy A. Gutierrez 4/20/05 937-5469 954- 937-5469	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	