


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90174 024 ***150.00

DOCUMENT # P04000144473 1. Entity Name GUYZ CORP.																													
Principal Place of Business 8725 NW 117TH ST. BAY 9 HIALEAH GARDENS, FL 33016 US			Mailing Address 8725 NW 117TH ST. <u>1345 NW 127 DR</u> BAY 9 <u>SUNRISE, FL 33323</u> HIALEAH GARDENS, FL 33016 US																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip			3. Mailing Address <u>1345 NW 127 DR</u> Suite, Apt. #, etc. <u>SUNRISE</u> City & State <u>SUNRISE, FL</u> Zip <u>33323</u> Country <u>USA</u>																										
4. FBI Number <u>20-1793969</u>			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			02082005 Chg-P CR2E034 (10/03)																										
6. Name and Address of Current Registered Agent EIMER, JOANNA 1345 NW 127TH DRIVE SUNRISE, FL 33323			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Joanna Eimer</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">PRES</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>EIMER, DOUGLAS J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8725 NW 117TH ST., BAY 9</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH GARDENS, FL 33016</td> <td></td> </tr> </table>			TITLE	PRES	<input type="checkbox"/> Delete	NAME	EIMER, DOUGLAS J		STREET ADDRESS	8725 NW 117TH ST., BAY 9		CITY-ST-ZIP	HIALEAH GARDENS, FL 33016		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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)(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 all other like empowered.																													
SIGNATURE: <u>Douglas J Eimer</u> <u>Douglas J. Eimer</u> 4/27/05 305-821-5210 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													