2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000154113

1. Entity Name
GUATEMEX CAFE EL CHURRASCO, CORP.

Principal Place of Business	Mailing Address
23 SOUTH DIXIE HWY LAKE WORTH, FL 33460 US	2744 SOMERSET ROAD LANTANA, FL 33462 US

DO NOT WRITE IN THIS SPACE

01092007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1874221	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ JOVEL, ELETICIA
2744 SOMERSET RD
LANTANAN, FL 33462

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2007 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000586888 01/17/07-80006-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	GONZALEZ JOVEL, ELETICIA
STREET ADDRESS	2744 SOMERSET RD
CITY-ST-ZIP	LANTANA, FL 33462

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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: _Eleticia Gonzalez_   Eleticia Gonzalez   1-9-07   541-533-9037
PRESIDENT

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