


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

PS 1082

FILED  
05 NOV 30 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000157957  
1. Entity Name  
GIUTRA CONSULTING INC.



Principal Place of Business Mailing Address  
1221 NW 179 AVENUE 1221 NW 179 AVENUE  
PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



11092005 REIN-P CR2E098 (6/04)

4. FEI Number Applied For  
X 59-3788898 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HODGINS, TRACEY  
1221 NW 179 AVENUE  
PEMBROKE PINES, FL 33029

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS HODGINS, TRACEY 1221 NW 179 AVENUE PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition T. Roberts NOV 30 2005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000061414690 11/14/05--01047--022 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ Date: 11/9/05 Daytime Phone # \_\_\_\_\_

Nov 09 2005 12:31

HP LASERJET FAX

P.1

PS 2/2

NOVEMBER 8,2005

FLORIDA DEPARTMENT OF STATE

GENTLEMEN:

ENCLOSED PLEASE FIND THE ANNUAL REPORT FORMS FOR GIUTRA  
CONSULTING,INC. THE ORIGINAL POSTCARD WERE NEVER RECEIVED IN  
~~JANUARY, 2005. WE ARE SUBMITTING THE FORMS FOR 2005.~~

WE HAVE ENCLOSED A CHECK FOR \$ 150.00 FOR THE YEAR 2005. KINDLY  
ACCEPT THESE WITHOUT PENALTY UNDER THE CIRCUMSTANCES, DUE TO  
THE FACT THAT THE ANNUAL REPORTS WERE NEVER RECEIVED

THANK YOU FOR YOUR COOPERATION

YOURS TRULY,

A handwritten signature in black ink, appearing to be "A. Lee" or similar, with a long horizontal line extending to the right.