2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012248

Entity Name: THE GUAYABERA LADY, INC

GONZALEZ, BÉRTA P

1516 SW 19 TERR

MIAMI, FL 33145

Name:

Address:

City-St-Zip:

FILED Mar 23, 2009 Secretary of State

	1112 00/	TO BETTY ENDI, INC.			
Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
6534 SW 52 TERR MIAMI, FL 33155			485 BILTMORE WAY CORAL GABLES, FL 3	485 BILTMORE WAY CORAL GABLES, FL 33134	
Current N	lailing Addres	ss:	New Mailing Address:		
6534 SW (MIAMI, FL			485 BILTMORE WAY CORAL GABLES, FL 3	33134	
FEI Number	: 33-1113573	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and Address of New Registered Agent:		
	52 TERR 33155 US	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI		oio Signaturo of Dogistorod Ag	ont	 Date	
Election Car		nic Signature of Registered Ag g Trust Fund Contribution().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (BRAVO, BERT. 6534 SW 52 TI MIAMI, FL 331	ERR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V (ABREU, NORM 1010 NW 30 P MIAMI, FL 331	LACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	ST () Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BERTA R. BRAVO P 03/23/2009