



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000071578 1. Entity Name GUIFENA CORP.					
Principal Place of Business 2100 NORTH OCEAN BOULEVARD APT. 23-B FT. LAUDERDALE, FL 33305 US			Mailing Address 2100 NORTH OCEAN BOULEVARD APT. 23-B FT. LAUDERDALE, FL 33305 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

FILED

06 SEP 18 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09112006 Chg-P CR2E034 (11/05)

4. FEI Number 87-0760504		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRANCO, GUIDO 2100 NORTH OCEAN BOULEVARD APT. 23-B FT. LAUDERDALE, FL 33305	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

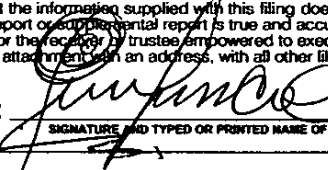
FILE NOW!!! FEE IS \$150.00
Due by September 15, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FRANCO, GUIDO	NAME	700080030667				
STREET ADDRESS	2100 NORTH OCEAN BOULEVARD APT. 23-B	STREET ADDRESS	09/21/06--01036--001 **158.75				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FRANCO, NATALIE	NAME					
STREET ADDRESS	2100 NORTH OCEAN BOULEVARD APT. 23-B	STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FRANCO, FELIPE	NAME					
STREET ADDRESS	2100 NORTH OCEAN BOULEVARD APT. 23-B	STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-06

Date

924-5281837

Daytime Phone #