2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 26, 2008 8:00 am Secretary of State DOCUMENT # P05000098542 **GUENDEZ INVESTORS, INC.** 03-26-2008 90021 003 ***150.00 Principal Place of Business Mailing Address 1670 W. 80TH ST 1670 W. 80TH ST HIALEAH, FL 33014 HIALEAH, FL 33014 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222008 CR2E034 (12/06) Chg-P 4. FEI Number Applied For City & State City & State 20-3148875 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ NANCY Street Address (P.O. Box Number is Not Acceptable) 1670 W 80TH ST HIALEAH, FL 33014 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 whe obligations of registered agent. 3/24/08 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HERNANDEZ, NANCY NAME STREET ADDRESS STREET ADDRESS 1670 W. 80TH ST CITY-ST-7IP CITY-ST-ZIP HIALEAH, FL 33014 ☐ Change ■ Addition VΡ ☐ Delete TITLE GUERRA, JUAN M NAME NAME 8540 N.W. 8TH ST STREET ADDRESS STREET ADDRESS PEMBROKE PINES, FL 33024 CITY-ST-ZIP CITY-ST-ZIP Addition: ☐ Delete TITLE TITLE HERNANDEZ, ISAAC A NAME STREET ADDRESS 1670 W. 80TH ST STREET ADDRESS CITY-ST-7IP HIALEAH, FL 33014 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE GUERRA, MARITZA L MAME STREET ADDRESS STREET ADDRESS 8540 N.W. 8 TH ST CITY-ST-ZIP PEMBROKE PINES, FL 33024 CITY-ST-ZIP TITLE Addition Delete TIFLE NAME STREET ADDRESS STREET ADDRESS DR. CITY-ST-712 CITY-ST-ZIP Change ☐ Addition TIT1 F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

12. Thereby 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:

SUNATURE AND EPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

FILED

Daytime Phone #