

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90073 036 ***150.00

DOCUMENT # P05000151331

1. Entity Name
GUERRA BLANCO, INC.



40111865



Principal Place of Business
1490 W 49 PLACE
STE 590
HIALEAH, FL 33012

Mailing Address
1490 W 49 PLACE
STE 590
HIALEAH, FL 33012

2. Principal Place of Business - No P.O. Box
16751 NW 89 PL

3. Mailing Address
16751 NW 89 PL

Suite, Apt. #, etc.
City & State
Miami Lakes, FL
Zip
33018

Suite, Apt. #, etc.
City & State
Miami Lakes, FL
Zip
33018

04302007 Chg-P CR2E034 (12/06)

4. FEI Number
20-3787373

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

6. Name and Address of Current Registered Agent
GUERRA, LISBETH
1490 W 49 PLACE
STE 590
HIALEAH, FL 33012

7. Name and Address of New Registered Agent
Name *Guerra, Lisbeth*
Street Address (P.O. Box Number is Not Acceptable)
16751 NW 89 PL
City *Miami Lakes* FL Zip Code *33018*

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 *Keleppz Shura*
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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUERRA, LISBETH	
STREET ADDRESS	1490 W 49 PLACE - STE 590	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guerra, Lisbeth	
STREET ADDRESS	16751 NW 89 PL	
CITY-ST-ZIP	Miami Lakes, FL 33018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Keleppz Shura*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #