


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90028 029 ***150.00

DOCUMENT # P05000152451			
1. Entity Name GUTIERREZ FATHER & SON, INC.			
Principal Place of Business 8104 SW 157TH PLACE MIAMI, FL 33193		Mailing Address 8104 SW 157TH PLACE MIAMI, FL 33193	
2. Principal Place of Business 8104 SW 157 place		3. Mailing Address 8104 SW 157 place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Florida		City & State Miami Florida	
Zip 33193	Country USA	Zip 33193	Country USA
4. FEI Number 203801334		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUTIERREZ, PEDRO A P 8104 SW 157TH PLACE MIAMI, FL 33193		7. Name and Address of New Registered Agent Name: Pedro Gutierrez Street Address (P.O. Box Number is Not Acceptable): 8104 SW 157 place City: miami FL Zip Code: 33032	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	VP GUTIERREZ, ABRAHAM P 8104 SW 157TH PLACE MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X <i>Pedro Gutierrez</i>		Date: 7/17/06 786271/0648	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>	

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