2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2008 08:00 A Secretary of State DOCUMENT # P06000010178 1. Entity Name **GUIMELCOMPANY INC** Principal Place of Business Mailing Address 7255 W 15 AVE 7255 W 15 AVE HIALEAH, FL 33014 HIALEAH, FL 33014 02252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4172775 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERNANDEZ, NOELIO DO NOT WRITE 7255 W 15 AVE HIALEAH, FL 33014 IN THIS SPACE 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. Signature, typed or printed name of registered agent and site if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HERNANDEZ, NOELIO NAME 7255 W 15 AVE STREET ADDRESS CITY - ST - ZIP HIALEAH, FL 33014 TITLE U00000883595 MARTIN, REYNALDO NAME 04/03/08-80097-015 150.00 STREET ADDRESS 7255 W 15 AVE HIALEAH, FL 33014 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 rustee empowers to be explicitly as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver changed, or on an attachment w

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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