

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90025 017 \*\*\*150.00

<b>DOCUMENT # P06000015411</b>					
<b>1. Entity Name</b> GUIUCA INC.					
<b>Principal Place of Business</b> 9704 HAMMOCKS BLVD APT #201 MIAMI, FL 33196			<b>Mailing Address</b> 9704 HAMMOCKS BLVD APT #201 MIAMI, FL 33196		
<b>2. Principal Place of Business - No P.O. Box #</b> 12197 SW 125TH CT Suite, Apt. #, etc.		<b>3. Mailing Address</b> 12197 SW 125TH CT Suite, Apt. #, etc.			
<b>City &amp; State</b> MIAMI, FLORIDA		<b>City &amp; State</b> MIAMI, FLORIDA		<b>4. FEI Number</b> 20-4297670	
<b>Zip</b> 33186		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ZUGARO, GUIDO 9704 HAMMOCKS BLVD #201 MIAMI, FL 33196			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 12197 SW 125TH CT City MIAMI FL Zip Code 33186		
<b>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.</b> SIGNATURE  GUIDO ZUGARO 1/16/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> ZUGARO, GUIDO		<input type="checkbox"/> Delete	<b>TITLE</b> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	<b>NAME</b> 12197 SW 125TH CT
<b>STREET ADDRESS</b> 9704 HAMMOCKS BLVD #201	<b>CITY-ST-ZIP</b> MIAMI, FL 33196		<b>STREET ADDRESS</b> 12197 SW 125TH CT		
<b>CITY-ST-ZIP</b> MIAMI, FL 33196			<b>CITY-ST-ZIP</b> MIAMI FLORIDA 33186		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 				
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 				
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 				
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 				
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 				
<b>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.</b>					
<b>SIGNATURE:</b> 			President 1/16/2008 786.5876981		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40047339



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