


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P06000079627		
1. Entity Name GUILLEN CAREY PROPERTIES, INC.		
Principal Place of Business 8105 NW 33RD ST DORAL, FL 33122	Mailing Address 8105 NW 33RD ST DORAL, FL 33122	



04182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-5052328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

GUILLEN, LOLY  
8105 NW 33RD ST  
DORAL, FL 33122

**DO NOT WRITE  
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

U000000912494  
05/07/08 80002-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T GUILLEN, ALEXIS 8105 NW 33RD ST DORAL, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S GUILLEN, LOLY 8105 NW 33RD ST DORAL, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUILLEN, ALEXIS JR 8105 NW 33RD ST DORAL, FL 33122
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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/08

Date

Daytime Phone #