2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P06000107317 02-26-2007 90081 004 ***150.00 GUERRA GROUP INVESTMENT CORP. Principal Place of Business Mailing Address 400-~ 1411 SW 57TH AVE 1411 SW 57TH AVE CORAL GABLES, FL 33144 CORAL GABLES, FL 33144 2. Principal Place of Business - No P.O. Box # 3. Mailing Address SAME AS ABOVE 02212007 CR2E034 (12/06) 4. FEI Number 20-54 City & State City & State Applied For Not Applicable Zip Country Ζŀρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUERRA SR., JOSE J Street Address (P.O. Box Number is Not Acceptable) 1411 SW 57TH AVE CORAL GABLES, FL 33144 City Zip Code 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150,00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P TITLE ■ Delete TITLE Change ■ Addition GUERRA SR., JOSE J NAME NAME STREET ADDRESS 1411 SW 57TH AVE STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33144 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME GUERRA, JUANA NAME STREET ADDRESS 1411 SW 57TH AVE STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33144 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME GUERRA JR., JOSE J NAME STREET ADDRESS 1411 SW 57TH AVE STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33144 CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TELLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 inclicated 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.

FILED

Feb 26, 2007 8:00 am

Daytime Phone #