

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000109459

Entity Name: GUAM SMOOTHIES, INC

FILED
Mar 25, 2008
Secretary of State

Current Principal Place of Business:

1101 SOUTH CLARKE ROAD
SUITE 1113
OCOE, FL 34761 US

New Principal Place of Business:

1113 SOUTH CLARKE ROAD
OCOE, FL 34761 US

Current Mailing Address:

1101 SOUTH CLARKE ROAD
SUITE 300
OCOE, FL 34761 US

New Mailing Address:

1113 SOUTH CLARKE ROAD
OCOE, FL 34761 US

FEI Number: 20-5397345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, ANDRE
2172 LAUREL BLOSSOM CIRCLE
OCOE, FL 34761 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIXON, ANDRE
Address: 2172 LAUREL BLOSSOM CIRCLE
City-St-Zip: OCOE, FL 34761 US

Title: VP (X) Delete
Name: DIXON, CYRA V
Address: 2172 LAUREL BLOSSOM CIRCLE
City-St-Zip: OCOE, FL 34761 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRE DIXON

P

03/25/2008

Electronic Signature of Signing Officer or Director

Date