

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000151369

Entity Name: GUELHOME INC.

FILED
Feb 09, 2007
Secretary of State

Current Principal Place of Business:

20281 E COUNTRY CLUB DR
APT 1202
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

20281 E COUNTRY CLUB DR
APT 1202
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 98-0514567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAPRILES, JOSEFINA
13744 BISCAYNE BLVD
N MIAMI BEACH, FL 33181 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: CAPRILES, GUILLERMO PRES.
Address: 20281 EAST COUNTRY CLUB DRIVE, # 1202
City-St-Zip: AVENTURA, FL 33180 US

Title: SEC. () Change (X) Addition
Name: CAPRILES, GUILLERMO SEC.
Address: 20281 EAST COUNTRY CLUB DRIVE, # 1202
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GUILLERMO CAPRILES

PRES

02/09/2007

Electronic Signature of Signing Officer or Director

Date