

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 15, 2008 08:00 AM  
Secretary of State

DOCUMENT # P06000151369

1. Entity Name

GUELHOME INC.



Principal Place of Business

20281 E COUNTRY CLUB DR  
APT 1202  
AVENTURA FL 33180

Mailing Address

20281 E COUNTRY CLUB DR  
APT 1202  
AVENTURA FL 33180



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

4. FEI Number

98-0514567

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPRILES, JOSEFINA  
13744 BISCAYNE BLVD  
N MIAMI BEACH FL 33181

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

*Josefina CAPRILES*

02-02-08

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES ☐ Delete  
NAME CAPRILES, GUILLERMO PRES.  
STREET ADDRESS 20281 EAST COUNTRY CLUB DRIVE, # 1202  
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SEC. ☐ Delete  
NAME CAPRILES, GUILLERMO SEC.  
STREET ADDRESS 20281 EAST COUNTRY CLUB DRIVE, # 1202  
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-08

Date

305-937-2599

Daytime Phone #