


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90016 035 ***150.00

DOCUMENT # P07000030172 1. Entity Name GURUPIA, INC.					
Principal Place of Business 7200 N.W. 19 STREET SUITE 301 MIAMI, FL 33126			Mailing Address 7200 N.W. 19 STREET SUITE 301 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 20-8582721			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent EDUARDO S. GONZALEZ, P.A. 7200 N.W. 19 STREET SUITE 301 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name FLORIDA CORPORATE REGISTERED AGENTS, LLC. Street Address (P.O. Box Number is Not Acceptable) 7200 NW 19 ST. SUITE 301 City MIAMI FL Zip Code 33126	
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: <u><i>Eduardo Gonzalez</i></u> EDUARDO GONZALEZ, MEMBER-MANAGER 4-24-08 <small>(Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S RODRIGUEZ, LUIS L 7200 N.W. 19 ST., STE. 301 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, HAROLD A 7200 N.W. 19 ST., STE 301 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Leonardo Rodriguez P.</i></u> Leonardo Rodriguez P. 04/22/08 (305) 477-7447 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					