



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90017 007 \*\*\*150.00

<b>DOCUMENT # P07000065371</b> 1. Entity Name <b>ALEXANDER GUTTIERES, P.A.</b>																																					
Principal Place of Business <b>2701 SOUTH BAYSHORE DRIVE SUITE 315 MIAMI, FL 33131 US</b>			Mailing Address <b>2701 SOUTH BAYSHORE DRIVE SUITE 315 MIAMI, FL 33131 US</b>																																		
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: <b>26-2454551</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03142008 Chg-P CR2E034 (12/06)																																	
6. Name and Address of Current Registered Agent  <b>GALE, JOHN 2701 SOUTH BAYSHORE DR. SUITE 315 MIAMI, FL 33133</b>			7. Name and Address of New Registered Agent  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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>GUTTIERES, ALEXANDER</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2701 SOUTH BAYSHORE DRIVE</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>MIAMI, FL 33133</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	<b>GUTTIERES, ALEXANDER</b>	<input type="checkbox"/>	STREET ADDRESS	<b>2701 SOUTH BAYSHORE DRIVE</b>		CITY - ST - ZIP	<b>MIAMI, FL 33133</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">Delete</td> <td style="width: 10%;">Change</td> <td style="width: 10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS					CITY - ST - ZIP				
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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: 				Date: <b>3/24/08</b> Daytime Phone: <b>304-912-4111</b>																																	