

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 16, 2009  
Secretary of State**

DOCUMENT# P07000119984

Entity Name: GUILLERMO FLORES INC

**Current Principal Place of Business:**

8901 NW 117TH STREET  
HIALEAH GARDENS, FL 33018 US

**New Principal Place of Business:**

**Current Mailing Address:**

8901 NW 117TH STREET  
HIALEAH GARDENS, FL 33018 US

**New Mailing Address:**

FEI Number: 26-1324258      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLORIDA TRUST INSURANCE AGENCY, INC.  
9090 NW SOUTH RIVER DRIVE  
SUITE 4  
MEDLEY, FL 33166 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: FLORES, GUILLERMO  
Address: 8901 NW 117 ST  
City-St-Zip: HIALEAH GARDENS, FL 33018 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: GUILLERMO FLORES

PD

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date