-2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 18, 2005 08:00 AM Secretary of State DOCUMENT # P93000020414 GUIDA REALTY INC. Principal Place of Business Mailing Address 133 EVERGREEN DR. 3081 CLEVELAND AVE., NW LAKE PARK, FL 33403 "US WASHINGTON, DC 20008-3532 US 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-2055322 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUIDA, FA DO NOT WRITE C/O GUIDA REALTY, INC. 133 EVERGREEN DR. IN THIS SPACE LAKE PARK, FL 33403 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. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE **PSD** GUIDA, F. A NAME 133 EVERGREEN DR. STREET ADDRESS LAKE PARK, FL CITY-ST-ZIP TITLE NAME 1100000182788 STREET ADDRESS 01/19/05-80041-025 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED