



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P94000000274</b> 1. Entity Name <b>GUIXENS FOOD GROUP, INC.</b>	
---	---

Principal Place of Business <b>5800 NW 32ND COURT MIAMI, FL 33142 US</b>	Mailing Address <b>C/O IVAN A. GOMEZ, ESQ 601 BRICKELL KEY DRIVE SUITE 507 MIAMI, FL 33131</b>
---	---

**DO NOT WRITE IN THIS SPACE**



03182007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0457536</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**IAG CORPORATE SERVICES, INC  
601 BRICKELL KEY DR  
STE 507  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

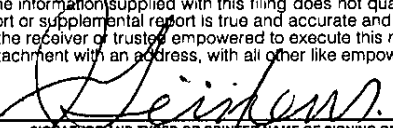
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUIXENS, JUAN J 5800 NW 32ND CT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUIXENS, JUAN J JR 5800 NW 32ND CT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUIXENS, ROSA C 5800 NW 32ND CT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUIXENS, MANUEL 5800 NW 32ND CT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIXENS, CHRISTINA L 5800 NW 32ND CT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIXENS, MAYRA C 5800 NW 32ND CT MIAMI, FL 33142

U00000724174  
05/02/07-80101-016 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:**   
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JUAN J. GUIXENS President**

Date \_\_\_\_\_ Daytime Phone # **(305) 371-9213**