FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

- PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000045367

1. Corporation Name

ARTHUR GUERRA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

12 ROYAL PALM WAY. #103

12 ROYAL PALM WAY. #103

May 05, 1999 8:00 am Secretary of State

05-05-1999 90202 004 ***150.00

BOCA RATON	FL 33432 BOCA RATON FL 33432		DO NOT WRITE IN THIS SPACE		
		~	3. Date Incorporated or Qualifed		
			06/06/1995		
2. Principal P	tace of Business 2 , 2a. Mailing Address		4. FEI Number Applied For		
21 6 R	OUAL PAIN WWW SAV	ue_	65-0586818 Not Applicable		
Suite, Apt.		5. Certifcate of Status Desired \$8.75 Additional			
22 10	27	Fee Required			
23 OC	A/(X/0W/- L 28		8. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
24 334	32 25 PALM BCh 29 3	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		
	9, Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent			
A	DDA ADTUUD	81 Name	Suerra Arthur		
	RRA, ARTHUR	82 Street A	Iddana (D.O. Boy Mymbor is Not Accontable)		
1	OYAL PALM WAY, #103	<u> </u>	ROYA PAM Way, #103		
ROC	A RATON FL 33432	83	'		
		84 Cip	85 Zip Code 7		
	1.11 2 T. 121 2.10 1.10 1.10 1.10 1.10 1.10 1.10		OCV 1 1 1 534 32		
office or r	odictored agent, or both, in the State of Florida, Such change was suff	norized by the corno	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered		
agent. I am familiar with, and accept the obligations of, Section 607.0505, Elorida Statutes.					
SIGNATURE	_ WULL C - January	egistered Agent signature re	quired when reinstating) DATE		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS	egistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D DELETE	1.1 TITLE	Change Addition		
NAME	GUERRA, ARTHUR	1.2 NAME	CARRA ARTHIO		
STREET ADDRESS	12 ROYAL PALM WAY, #103	1.3 STREET ADDRESS	6 ROJAI PAIMWAY, # 101		
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	BOLD RINTON F1. 33432		
TITLE	VP DELETE	2.1 TITLE	6 Royal Palmway, # 101 BOLA RATON F1. 33432 VP Grange Addition		
NAME	GUERRA, SUSAN	2.2 NAME	CIKAN GILERRA		
STREET ADDRESS	12 ROYAL PALM WAY, 103	2.3 STREET ADDRESS	SUSAN GUERRA HIOI 6 ROYNI PAIN WAY, HIOI BOLA RISTON. F1.33432		
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP	BOCA RISTON. F1.33432		
TITLE	DELETE	3.1 TITLE	Change Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME	•	4, 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY- ST-ZIP			
TITLE	DELETE	6.1 T∏LÆ	☐ Change ☐ Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
l 1		R4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Daytime Phone #