## 2007 FOR PROFIT CORPORATION

## Apr 18, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P97000021775 04-18-2007 90147 045 \*\*\*158.75 GUILLEN AND ASSOCIATES, REALTORS, INC. Principal Place of Business Mailing Address 22500 SW 187TH AVENUE 22500 SW 187TH AVENUE MIAMI, FL 33170 MIAMI. FL 33170 CR2E034 (11/05) 04162007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0737251 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUILLEN-BORREGO, AZAHIRA M DO NOT WRITE 87 NW 100TH ST MIAMI SHORES, FL 33150 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, typed or printed name of registered agent and title if applicable. (NOTE: flegistered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME GUILLEN-BORREGO, AZAHIRA 225500 SW 187 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33170 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of 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: <

TITE F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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NTED NAME OF SIGNING OFFICER OR DIRECTOR

2501-886-1022

**FILED**