2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 08:00 AM Secretary of State **DOCUMENT # P97000023751** GUERRA GROUP ENTERPRISES, INC. Principal Place of Business Mailing Address 10430 SW 16TH 10430 SW 16TH MIAMI, FL 33165 MIAMI, FL 33165 04262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0735648 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUERRA, ALFONSO DO NOT WRITE 10430 SW 16TH MIAMI, FL 33165 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 Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GUERRA, ALFONSO STREET ADDRESS 10430 SW 16TH MIAMI, FL 33165 CITY - ST- ZIP U00000134954 04/28/04-80041-001 150.00 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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:

CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/04