

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90012 031 ***158.75

DOCUMENT # P98000040476

1. Entity Name

GUTIERREZ PROPERTIES INC.



Principal Place of Business

P.O. BOX 348463
MIAMI FL 33234-8463

Mailing Address

P.O. BOX 348463
MIAMI FL 33234-8463

2. Principal Place of Business

3. Mailing Address

1201 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 320

City & State

City & State

MIAMI, FLA

Zip

Country

Zip

Country

33131

4. FEI Number

65-0832942

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUTIERREZ, ARMANDO
1201 BUCKER AVE
STE 320
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

1201 BRICKELL AVE
SUITE 320

City MIAMI

FL

Zip Code 33131

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)

DATE

2/5/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME GUTIERREZ, ARMANDO
STREET ADDRESS 2600 SW 3RD AVE STE 301
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME GUTIERREZ, MARITZA
STREET ADDRESS 2600 SW 3RD AVE STE 301
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/04 (355) 358-5644