2006 FOR PROFIT CORPORATION · ANNUAL REPORT

FILED Mar 20, 2006 08:00 AM **DOCUMENT # P99000013979 Secretary of State** 1. Entity Name GUERRA AND PAZ, INC. Principal Place of Business Mailing Address 4127 SILVER STAR ROAD 4127 SILVER STAR ROAD ORLANDO, FL 32808 ORLANDO, FL 32808 CR2E034 (11/05) 01152005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3562118 Not Applicat! \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANCHEZ, YAMILETH DO NOT WRITE 305 KIRKCALDY DRIVE WINTER SPRINGS, FL 32708 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) Signature, typed or printed name of registered agent and file if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GUERRA, EDDY F 305 KIRKCALDY DR STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 JUN000473079 TITLE 03/31/0**6**-80002-013 150.00 NAME STREET ADDRESS CITY-ST-ZIP TOTE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

12. Thereby 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 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:

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

DIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #