## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 03, 2005 08:00 AM DOCUMENT # P99000042224 **Secretary of State** 1. Entity Name E & K GUERRA ENTERPRISES, INC. Mailing Address Principal Place of Business 25601 SW 152 COURT 25601 SW 152 COURT HOMESTEAD FL 33032 HOMESTEAD FL 33032 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0923900 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOYETTE, KATHRYN E 25601 SW 152 COURT Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD FL 33032 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition Change TITLE ☐ Delete THEF U00000249600 GUERRA, EDUARDO NAME NAME 25601 SW 152 COURT STREET ADDRESS 03/03/05-80010-002 150.00 STREET ADDRESS CITY - ST - ZIP HOMESTEAD FL 33032 CHTY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME BOYETTE, KATHRYN E 25601 SW 152 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33032 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE UTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1), 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.

SIGNING OFFICER OR DIRECTOR

**FILED**