

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000052921

1. Entity Name  
GUYAMERICAN PROPERTY MANAGEMENT, INC.



Principal Place of Business  
729 N. PINE HILLS RD.  
ORLANDO, FL 32808

Mailing Address  
130-55A 127 STREET  
SOUTH OZONE PARK, NY 11420

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PHEKOO, G.  
729 N PINE HILLS RD  
ORLANDO, FL 32808

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3580899	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE  
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

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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPD  
NAME SINGH, MAHENDRA  
STREET ADDRESS 729 N. PINE HILLS RD.  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE PD  
NAME PHEKOO, GUYAMCHAND A  
STREET ADDRESS 729 N. PINE HILLS RD.  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE TD  
NAME SINGH, BALJIT  
STREET ADDRESS 729 N. PINE HILLS RD.  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: Baljit Singh** *Baljit Singh* 04-28-06 407-578-4913  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #