


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90244 006 ***150.00

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|--|---|--|---|--|--|
| DOCUMENT # P99000068129 1. Entity Name GURI INVESTMENTS INC. | | | |  | |
| Principal Place of Business 1401 BRICKELL AVENUE STE 1010 MIAMI, FL 33131 | | | Mailing Address 2121 PONCE DE LEON BLVD STE 240 MIAMI, FL 33134 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 3201 N.E. 183 St APT # 707 | | | |
| City & State MIAMI FL | | City & State AVENTURA FL | | | |
| Zip 33131 | Country USA | 4. FEI Number 65-0963563 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent DE GUZMAN, MARIA VICTORIA U 1401 BRICKELL AVE STE 1010 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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) _____ DATE: _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD URIBE, JAIME 1401 BRICKELL AVE STE 1010 MIAMI, FL 33131 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MD DE GUZMAN, MARIA VICTORIA U 3201 N.E. 183 St APT # 707 AVENTURA FL 33160 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JOSE MARIA DE GUZMAN 3201 N.E. 183 St APT # 707 AVENTURA FL 33160 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: Maria Victoria De Guzman **H. VICTORIA DE GUZMAN** AP 20/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 306 341 1699 Daytime Phone