

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P99000068129</b> 1. Entity Name <b>GURI INVESTMENTS INC.</b>						<b>FILED</b> <b>05 OCT '03 AM 11:32</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>1401 BRICKELL AVENUE STE 1910 MIAMI, FL 33131</b>				Mailing Address <b>3201 NE 183 ST, APT 707 ADVENTURA, FL 33160</b>			
2. Principal Place of Business <b>3201 NE 183 ST APT 707</b>		3. Mailing Address <b>3201 NE 183 ST APT 707</b>		09202005    Chg-P    CR2E034 (10/03)		4. FEI Number <b>65-0963563</b>	
City & State <b>AVENTURA</b>		City & State <b>AVENTURA</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33160</b> Country <b>USA</b>		Zip <b>33160</b> Country <b>USA</b>		6. Name and Address of Current Registered Agent <b>DE GUZMAN, MARIA VICTORIA U 1401 BRICKELL AVE STE 1010 MIAMI, FL 33131</b>			
7. Name and Address of New Registered Agent Name <b>MARIA VICTORIA U DE GUZMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3201 NE 183 ST, APT 707</b> City <b>AVENTURA</b> <b>FL</b> Zip Code <b>33160</b>				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 <u>Maria V. de Guzman</u> <b>MARIA V. DE GUZMAN</b> <u>Sept 20 / 05</u> <small>Signature, typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD DE GUZMAN, JOSE MARIA 3201 NE 183 ST, APT 707 ADVENTURA, FL 33160 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Sarah Troff 3201 NE 183 ST, APT 707 ADVENTURA, FL, 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V DE GUZMAN, MARIA VICTORIA U 3201 NE 183 ST, APT 707 ADVENTURA, FL 33160 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		300060715313 10/18/05--01043--024    **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 member 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: <u>Jose M. de Guzman</u> <b>JOSE M. DE GUZMAN</b>				Date <u>Sept 20 / 05</u> Daytime Phone # <u>786 2523486</u>			