

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000070648

Entity Name: GUILLERMO ARAUJO, INC.

FILED  
Jan 21, 2008  
Secretary of State

**Current Principal Place of Business:**

2052 NW 50TH PLACE  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

2052 NW 50TH PLACE  
GAINESVILLE, FL 32605 US

**New Mailing Address:**

FEI Number: 59-3647517      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NAIA ATTORNEYS  
11890 SW 8TH ST  
PH-4  
MIAMI, FL 33184 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ARAUJO, GUILLERMO  
Address: 2052 NW 50TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: VD ( ) Delete  
Name: ARAUJO, MUNA  
Address: 2052 NW 50TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUILLERMO ARAUJO

PD

01/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date