## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jun 05, 2006 8:00 am Secretary of State DOCUMENT # P99000099580 06-05-2006 90151 022 \*\*\*150.00 1. Entity Name MCGUIRE FOR HIRE INC. Principal Place of Business Mailing Address 50020829 11720 SW 121 AVE 16615,0 11720 SW 121 AVE 1661 Sw 3744 Aug MIAMI, FL 33186 32114 MIAMI, FL 33186 Mailing Address Sw. 7 HAve Suite, Apt. #, etc 05192006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For Jiami Fla 33145 65-0980153 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCGUIRE, WILLIS J SR Street Address (P.O. Box Number is Not Acceptable) 1661 SW 37 AVENUE MIAMI, FL 33145 Zip Code 8. The above named aftity 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Addition Delete TITLE TITLE MCGUIRE, WILLIS J SR NAME NAME -11720 SW-121-AVE 24141 S.W. 1074 Ave STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 | fm 5+d FG 33632 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY-ST-7iP 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 regeiver 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.

BIGNING OFFICER OR DIRECTOR

**FILED** 

To: Dept. of Tallahassee ( Disoration Document P998000 99580 Mile Two. NEN adduss: 24141 S.W. 1074 Aux Homestead Kh. Derding CK. \$150.00 for the Annual Report. Thomas Gr. Kenailed 5/26/06 'erlified