

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S71302

1. Entity Name
GUDELIA CORP.



**FILED
Apr 24, 2006 8:00 am
Secretary of State**

04-24-2006 90427 024 ***150.00

40060483



04172006 Chg-P CR2E034 (11/05)

Principal Place of Business 8680 WENDY LNE WEST PALM BEACH, FL 33411		Mailing Address 8680 WENDY LNE WEST PALM BEACH, FL 33411	
2. Principal Place of Business 8203 Pine Cay Road		3. Mailing Address 8203 Pine Cay Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WPB FL		City & State WPB FL	
Zip 33414	Country	Zip 33414	Country
6. Name and Address of Current Registered Agent VEGUEZ, JOSE 8680 WENDY LNE 8203 PINE CAY RD WEST PALM BEACH, FL 33411 33414			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

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: <input type="checkbox"/> \$5.00 May Be Added to Fees											
10. OFFICERS AND DIRECTORS													
<p>TITLE: PD NAME: VEGUEZ, JOSE STREET ADDRESS: 8680 WENDY LNE 8203 PINE CAY RD CITY-ST-ZIP: WEST PALM BEACH, FL 33411 33414</p> <p>TITLE: VP NAME: VEGUEZ, GUDELIA STREET ADDRESS: 8680 WENDY LNE 8203 PINE CAY RD CITY-ST-ZIP: WEST PALM BEACH, FL 33411 33414</p> <p>TITLE: T NAME: VEGUEZ, STEVEN STREET ADDRESS: 951 FLAMANGO COURT E CITY-ST-ZIP: WEST PALM BEACH, FL 33406</p> <p>TITLE: S NAME: RANTA, LORRAINE STREET ADDRESS: 4531 HUNTING TRAIL CITY-ST-ZIP: LAKE WORTH, FL 33467</p> <p>TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____</p> <p>TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____</p>		<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</p> <table border="1"> <tr> <td>TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition												

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/06
561
968-2310
Date
Daytime Phone #