

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S71692**

1. Entity Name

EDGAR GUTIERREZ INVESTMENTS INC.



Principal Place of Business

717 PONCE DE LEON BLVD.  
SUITE 234  
CORAL GABLES FL 33134

Mailing Address

717 PONCE DE LEON BLVD.  
SUITE 234  
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FCI Number

65-0341913

Applied For  
Not Applied

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FABRE, FRANK R.S.  
717 PONCE DE LEON BLVD.  
SUITE 234  
CORAL GABLES FL 33134

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PSD                     | <input type="checkbox"/> Delete |
| NAME           | GUTIERREZ, EDGAR        |                                 |
| STREET ADDRESS | 717 PONCE DE LEON BLVD. |                                 |
| CITY- ST- ZIP  | CORAL GABLES FL         |                                 |
| TITLE          | AS                      | <input type="checkbox"/> Delete |
| NAME           | FABRE, FRANK R.S.       |                                 |
| STREET ADDRESS | 717 PONCE DE LEON BLVD. |                                 |
| CITY- ST- ZIP  | CORAL GABLES FL         |                                 |
| TITLE          | VP                      | <input type="checkbox"/> Delete |
| NAME           | GUTIERREZ, SANDRA       |                                 |
| STREET ADDRESS | 151 EAST ENID DRIVE #26 |                                 |
| CITY- ST- ZIP  | KEY BISCAYNE FL 33149   |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY- ST- ZIP  |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY- ST- ZIP  |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY- ST- ZIP  |                         |                                 |

|                |  |                                                              |
|----------------|--|--------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY- ST- ZIP  |  |                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY- ST- ZIP  |  |                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY- ST- ZIP  |  |                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY- ST- ZIP  |  |                                                              |

U00000506975  
04/27/06-80044-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Frank R. S. Fabre 4/6/06 304 446-3366