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## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 13, 2006 08:00 AM Secretary of State DOCUMENT # F28460 1. Entity Name AURÉLIO GARCIA IMPORTS, INC. Principal Place of Business Mailing Address 7401 NW 8TH STREET 7401 NW 8TH STREET <u> UQOQQO5699QS</u> STE #L STE #L 07/13/06-80008-002 150.00 MIAMI, FL 33126 US MIAMI, FL 33126 CR2E034 (11/05) 07072006 No Chg-P DEPARTMENT OF THE ENGINEERS OF THE CONTROL OF THE C FEI Number Applied For 59-2074453 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DANIELS, NICHOLAS M DO NOT WRITE 1111 LINCOLN RD, STE 600 MIAMI BEACH, FL 33139 NTHE SPACE 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, typed or printed name of registered again, and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 \$5.00 May Bo In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice, Due by September 6, 2008 OFFICERS AND DIRECTORS 10. TITLE NAME GARCIA, AURELIO STREET ADDRESS 7401 NW 8TH ST SUITE L CITY-ST-ZIP MIAMI, FL 000000, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOTAKHIE CITY-ST-ZIP TIFLE NIHSSPACE NAME STREET ADDRESS ÇITY-ŞT-ZIP TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filling 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 changed, or on an attachment, with all other like amprovated.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

305-261-375 Daytime Phone s