

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F28460**

1. Entity Name  
**AURELIO GARCIA IMPORTS, INC.**



Principal Place of Business  
**2755 N.W. 82ND AVE  
DORAL, FL 33122 US**

Mailing Address  
**2755 N.W. 82ND AVE  
DORAL, FL 33122 US**



02072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2074453** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DANIELS, NICHOLAS M  
1111 LINCOLN RD, STE 600  
MIAMI BEACH, FL 33139**

**DO NOT WRITE  
IN THIS 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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARCIA, AURELIO.
STREET ADDRESS	2755 N.W. 82ND AVE
CITY-ST-ZIP	DORAL,, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Aurelio Garcia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08 305-392-7410  
Date Daytime Phone #