

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000025926

**Entity Name:** GARCIA & GARCIA, CPA, P.A.

**Current Principal Place of Business:**

4649 PONCE DE LEON BLVD.  
SUITE #404  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4649 PONCE DE LEON BLVD.  
SUITE #404  
CORAL GABLES, FL 33146 US

**FEI Number:** 65-0484575

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GARCIA, FEDERICO  
4649 PONCE DE LEON BLVD.  
SUITE #404  
CORAL GABLES, FL 33146 US

*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.*

**SIGNATURE:** FEDERICO GARCIA

03/26/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GARCIA, ISA  
Address        4649 PONCE DE LEON BLVD.  
                 SUITE #404  
City-State-Zip: CORAL GABLES FL 33146

Title            VP  
Name            GARCIA LEYVA, CHRISTINA  
Address        4649 PONCE DE LEON BLVD.  
                 SUITE #404  
City-State-Zip: CORAL GABLES FL 33146

Title            TREASURER  
Name            GARCIA, FEDERICO  
Address        4649 PONCE DE LEON BLVD.  
                 SUITE #404  
City-State-Zip: CORAL GABLES FL 33146

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FEDERICO GARCIA

VP/TREASURER

03/26/2018

Electronic Signature of Signing Officer/Director Detail

Date