

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000053187

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

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD.  
1050  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-0596130

**Certificate of Status Desired:** No

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
3162 S.W. 141ST AVE.  
MIAMI, FL 33175 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| Title           | PTD                  | Title           | VSD                  |
| Name            | GARCIA, ANTONIO      | Name            | GARCIA, EILEEN       |
| Address         | 3162 S.W. 141ST AVE. | Address         | 3162 S.W. 141ST AVE. |
| City-State-Zip: | MIAMI FL 33175       | City-State-Zip: | MIAMI FL 33175       |

*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:** ANTONIO GARCIA

PTD

01/09/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date