


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # 445741
 1. Entity Name
 GARCIA CARPENTER CONTRACTOR CORPOATION



Principal Place of Business Mailing Address
 1205 S.W. 36TH AVE. 4338 SW 8 ST.
 MIAMI, FL 33135 MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE



03252008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-1550520 Not Applicable

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

6. Name and Address of Current Registered Agent
 GARCIA, (HUMBERTO)
 1205 S.W. 36TH AVENUE
 MIAMI, FL 33135

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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 _____ (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

U00000872354
 04/10/08-80034-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	GARCIA, HUMBERTO
STREET ADDRESS	1205 SW 36TH AVE
CITY ST ZIP	MIAMI, FL
TITLE	D/S
NAME	GARCIA, JUAN
STREET ADDRESS	1205 SW 36TH AVE
CITY ST ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: *Juan Garcia* Date: 3/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #