## 2006 NOT-FOR-PROFIT CORPORATION · ANNUAL REPORT (AR)

## Mar 13, 2006 8:00 am Secretary of State **DOCUMENT # 722296** 03-13-2006 90082 032 \*\*\*\*61.25 1. Entity Name GARSAN CONDOMINIUMS, INC. Principal Place of Business Mailing Address 900 W 49TH STREET 900 W 49TH STREET 220 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1776532 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELATORRE, CLEMENTE J 900 W 49TH STREET Street Address (P.O. Box Number is Not Acceptable) **STE 220** HIALEAH FL 33012 Zip Code 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 ted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD ☐ Delete FITLE ☐ Change TITLE NAME BLANCO, ALBA 900 W. 49 ST. 220 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP X Addition Delete TITLE ☐ Change TITLE TEOdulo C. Olmo THE PERSON NAMED IN COLUMN NAME NAME 900 W. 49 St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TD TITLE ☐ Change [] Addition THE Delete NAME SEGOVIA, MARIA C NAME 900 W. 49 ST. STE. 220 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP HIALEAH FL 33012 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP