

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00229

FILED
Apr 22, 2009
Secretary of State

Entity Name: GARCIA & CUADRA, P.A.

Current Principal Place of Business:

5820 IMPERIAL KEY DR
C/O DOUGLAS M. GARCIA
TAMPA, FL 33629 US

Current Mailing Address:

5820 IMPERIAL KEY DR
C/O DOUGLAS M. GARCIA
TAMPA, FL 33629 US

New Principal Place of Business:

5820 IMPERIAL KEY
C/O DOUGLAS M. GARCIA
TAMPA, FL 33615 US

New Mailing Address:

5820 IMPERIAL KEY
C/O DOUGLAS M. GARCIA
TAMPA, FL 33615 US

FEI Number: 59-2030531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, DOUGLAS M
5820 IMPERIAL KEY DR
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

GARCIA, DOUGLAS M
5820 IMPERIAL KEY
TAMPA, FL 33615 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:

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: GARCIA, DOUGLAS M
Address: 5820 IMPERIAL KEY DR
City-St-Zip: TAMPA, FL 33615

Title: VS () Delete
Name: GARCIA, AURA E
Address: 5820 IMPERIAL KEY DR
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: GARCIA, DOUGLAS M
Address: 5820 IMPERIAL KEY
City-St-Zip: TAMPA, FL 33615

Title: VS (X) Change () Addition
Name: GARCIA, AURA E
Address: 5820 IMPERIAL KEY
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DOUGLAS M GARCIA

PT

04/22/2009

Electronic Signature of Signing Officer or Director

Date