

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90209 049 ***150.00

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1. Entity Name
GARFIELD PROPERTIES AMERICA, INC.



Principal Place of Business
**2100 SALZEDDO STREET
300
CORAL GABLES, FL 33134**

Mailing Address
**2100 SALZEDDO STREET
300
CORAL GABLES, FL 33134**



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0113265

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARAZOZA & FERNANDEZ - FRAGA, P.A.
2100 SALZEDO STREET
SUITE 300
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SANCHEZ, FEDERICO
STREET ADDRESS	2100 SALZEDO STREET
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	Sánchez, Elisa O.
STREET ADDRESS	2100 Salzedo St.
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D
NAME	Sánchez, Federico J.
STREET ADDRESS	2100 Salzedo St.
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D
NAME	Sánchez Ricardo
STREET ADDRESS	2100 Salzedo St.
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D
NAME	Sánchez, Elimari
STREET ADDRESS	2100 Salzedo St.
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Federico Sanchez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07
Date

Daytime Phone #