

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020528

Entity Name: RALPH N. GARCIA & ASSOCIATES, LLC

FILED
Sep 07, 2005
Secretary of State

Current Principal Place of Business:

444 BRICKELL AVENUE SUITE 51-443
MIAMI, FL 33131

New Principal Place of Business:

139 SW 32ND CT RD
MIAMI, FL 33135 US

Current Mailing Address:

444 BRICKELL AVENUE SUITE 51-443
MIAMI, FL 33131

New Mailing Address:

139 SW 32ND CT RD
MIAMI, FL 33135 US

FEI Number: 20-0880853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GARCIA, RAFAEL N
444 BRICKELL AVENUE SUITE 51-443
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SOTO, LAWRENCE
444 BRICKELL AVENUE SUITE 51-443
MIAMI, FL 33131 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: LAWRENCE SOTO

09/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOTO, LAWRENCE
Address: 444 BRICKELL AVENUE SUITE 51-443
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: GARCIA, RAFAEL N
Address: 444 BRICKELL AVENUE SUITE 51-443
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: GARCIA, ANTHONY C
Address: 444 BRICKELL AVENUE SUITE 51-443
City-St-Zip: MIAMI, FL 33131

Title: MGR (X) Delete
Name: SOTO, MARLENE
Address: 444 BRICKELL AVENUE SUITE 51-443
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOTO, LAWRENCE
Address: 444 BRICKELL AVENUE SUITE 51-443
City-St-Zip: MIAMI, FL 33131 US

Title: MGR (X) Change () Addition
Name: TREJOS URREA, GLORIA
Address: 139 SW 32ND CT RD
City-St-Zip: MIAMI, FL 33135 US

Title: MGR (X) Change () Addition
Name: SEBASTIAN URREA, JUAN
Address: 139 SW 32ND CT RD
City-St-Zip: MIAMI, FL 33135 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAWRENCE SOTO

MGRM

09/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date