

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05130

Entity Name: GARCIA U.S.A., INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

9 GREEN STREET
SUITE#2
HOLLISTON, MA 01746 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 6226
HOLLISTON, MA 01746 US

New Mailing Address:

FEI Number: 65-0140523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUMMINGS, PAUL M.
1428 BRICKELL AVENUE, 4TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPC () Delete
Name: GARCIA, RAMON,
Address: 16 BALTIMORE STREET
City-St-Zip: MILLIS, MA 02054

Title: DTV () Delete
Name: GARCIA, RAMON JR.,,
Address: 33A SPENCER STREET
City-St-Zip: MILLIS, MA 02054

Title: S () Delete
Name: GLYNN, ANNA G,
Address: 16 BALTIMORE STREET
City-St-Zip: MILLIS, MA 02054

Title: AS () Delete
Name: CUMMINGS, PAUL M.,
Address: 1428 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DTV (X) Change () Addition
Name: GARCIA, RAMON JR.,,
Address: 299 EXCHANGE STREET
City-St-Zip: MILLIS, MA 02054

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

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

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: RAMON GARCIA JR

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04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date