

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L70295**

1. Entity Name  
**GARSAN INVESTMENTS, INC.**



Principal Place of Business  
**4680 W 17 CT  
HIALEAH, FL 33012**

Mailing Address  
**7198 NW 51 ST.  
MIAMI, FL 33166**



03012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0197882**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SANTISTEBAN, AIDA  
7198 NW 51 STREET  
MIAMI, FL 33166**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000081908  
03/09/04-80006-002 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SANTISTEBAN, GREGORIO E.
STREET ADDRESS	665 SOLANO PRADO
CITY - ST - ZIP	CORAL SPRINGS, FL 33156
TITLE	VD
NAME	GARCIA, GILBERTO
STREET ADDRESS	6534 W 2 CT.
CITY - ST - ZIP	HIALEAH, FL 33012
TITLE	SD
NAME	SANTISTEBAN, AIDA
STREET ADDRESS	665 SOLANO PRADO
CITY - ST - ZIP	CORAL SPRINGS, FL 33156
TITLE	TD
NAME	GARCIA, CARMEN
STREET ADDRESS	6534 W. 2 CT.
CITY - ST - ZIP	CORAL GABLES, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-5-04 305 470 0001**