

# 2005 FCR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 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**



04082005 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**U00000299705  
04/11/05-80118-014 163.75**

**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)(f), 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 **AIDA SANTISTEBAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-7-05 Daytime Phone #