

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90217 015 \*\*\*150.00

40083712



01052006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-2626476

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOCUMENT # M23935

1. Entity Name  
LINCOLN A. GARAY, INC.



Principal Place of Business  
7100 W 20TH AVE, STE 212  
HIALEAH, FL 33012

Mailing Address  
7100 W 20TH AVE, STE 212  
HIALEAH, FL 33012

2. Principal Place of Business

8925 COLLINS AVE

3. Mailing Address

8925 COLLINS AVE

Suite, Apt. #, etc.

10-C

Suite, Apt. #, etc.

10-C

City & State

Southside FL

City & State

Southside FL

Zip

33154

Country

Zip

33154

Country

GARAY, SYBIL R  
14741 DADE PINE AVE.  
MIAMI LAKES, FL 33014

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GARAY, LINCOLN A.  
STREET ADDRESS 7100 W 20TH AVE, STE 212  
CITY-ST-ZIP HIALEAH, FL 33012

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 1st, 2006 3058871212

Date

Daytime Phone #