


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90033 049 ***150.00

DOCUMENT # M53789 1. Entity Name GARMON CONSTRUCTION CORPORATION	
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Principal Place of Business 7315 NW 36TH ST. MIAMI, FL 33166 US	Mailing Address 7315 NW 36TH ST MIAMI, FL 33166 US
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94035362



03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0028306	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARCIA MONTES, JORGE 501 BAY LANE KEY BISCAINE, FL 33149

**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 reinstating) 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA MONTES, JORGE 501 BAY LANE KEY BISCAINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARCIA MONTES, JORGE JR. 13851 E. PALOMINO DR. DAVIE, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARCIA MONTES, GUSTAVO 501 BAY LANE DR. KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

3/17/04 (305) 418-4623
Date Daytime Phone #