


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M63443	
1. Entity Name GARROSAN CORPORATION	

Principal Place of Business C/O MACHADO, MARIA, CPA 999 PONCE DE LEON BLVD. #1100 CORAL GABLES, FL 33134 US	Mailing Address C/O MACHADO, MARIA, CPA 999 PONCE DE LEON BLVD., #1100 CORAL GABLES, FL 33134 US
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1563192	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTIN, PEDRO A GREENBERG TRAUIG, ET AL 1221 BRICKELL AVENUE MIAMI, FL 33131
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN0000051735 02/16/04-80063-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTANA, OTTI G PLAZA DEL DESENBIDOR I ESC 13A 28003 MADRID, SP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SANTANA, OTTI G PLAZA DEL DESENBIDOR 1 ESC 13 28003 MADRID, SP
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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: 	02/06/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #