


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

ÜNYEÓÜÖI y P00000011442 1. Entity Name <b>GARMON MANAGEMENT CORPORATION</b>	
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Principal Place of Business 7315 N.W. 36 ST. MIAMI, FL 33166	Mailing Address 7315 N.W. 36 ST. MIAMI, FL 33166
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## DO NOT WRITE IN THIS SPACE



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4. FEI Number <b>65-1033294</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 8 WA m±± 0.1.1.24

6. Name and Address of Current Registered Agent  MONTES, JORGE GARCIA 13851 E. PALOMINO DR. FT. LAUDERDALE, FL 33330
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> 0.1.1.24 8 WA m±±	000000085633 03/11/04-80055-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTES, JORGE G 501 BAY LANE DR KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MONTES, JORGE G JR 13851 E PALOMINO DR FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTES, GUSTAVO G 375 HARBOR LN KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(c), 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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/4/04 <small>Date</small>	Daytime Phone # _____
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