## 2007 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT-Mar 02, 2007 08:00 A DOCUMENT # P00000039147 **Secretary of State** 1. Entity Name J.A. GARRIDO, INC. Principal Place of Business Mailing Address 1785 BUNCHE STREET P 0 BOX 411273 MELBOURNE, FL 32936 MELBOURNE, FL 32941 02082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3657118 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARRIDO, JORGE A DO NOT WRITE 3497 SADDLEBROOK DR. MELBOURNE, FL 32934 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature rediffed when reinstating) 03/13/07-80051-013 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees **ÖFFICERS AND DIRECTORS** 10. TITLE **PVST** NAME GARRIDO, JORGE A STREET ADDRESS 3497 SADDLEBROOK DR. CITY-ST-7IP MELBOURNE, FL 32934 TITLE NAME GARRIDO, JORGE A STREET ADDRESS 3497 SADDLEBROOK DR. CITY-ST-ZIP MELBOURNE, FL 32934 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CAY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITE NAME

12. I hereby certify that the information supplied with this filing does not quility for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplemental report is tryle 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 of 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 indicated on this report or supplemental report is true of the corporation or the receiver of trustee empower changed, or on an attachment with an address with

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

MG OFFICER OR DIRECTOR