

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90001 030 ***150.00

DOCUMENT # P00000053183

1. Entity Name
GARCIA & BALOYRA TITLE COMPANY



Principal Place of Business
**2665 SOUTH BAYSHORE DR
GRAND BAY PLAZA #200
MIAMI, FL 33133**

Mailing Address
**2665 SOUTH BAYSHORE DR
GRAND BAY PLAZA #200
MIAMI, FL 33133**

54062071

2. Principal Place of Business
2950 SW 27 Avenue

3. Mailing Address
2950 SW 27 Avenue

Suite, Apt. #, etc.
300

Suite, Apt. #, etc.
300

City & State
Miami, FL

City & State
Miami, FL

Zip
33133

Country
Miami-Dade

Zip
33133

Country
Miami-Dade

07072004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1016108

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BALOYRA, JOSE L
2665 SOUTH BAYCHORE DR
SUITE 200
MIAMI, FL 33133**

7. Name and Address of New Registered Agent

Name **Baloyra, Jose L.**

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

2950 SW 27 Avenue, Ste 300

City **Miami**

FL

Zip Code **33133**

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

7/7/04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **GARCIA, EDUARDO J**
STREET ADDRESS **2665 S. BAYSHORE DR GRD BAY PLZ #200**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **DVS** ☐ Delete
NAME **BALOYRA, JOSE L**
STREET ADDRESS **2665 S. BAYSHORE DR GRD BAY PLZ #200**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

7/7/04