2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000053437

FILED Apr 15, 2005 8:00 am Secretary of State

| 1. Entity Nan | ne E. GARCIA, P.A. | | | | 04-15-2005 9 | 90086 027 | ***150 | .00 |
|-------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|--------------------------------|-----------------------|---------------------------|--------------------------------|-------------------------|
| 4400 NW 25 | ce of Business 5 WAY N, FL 33434 | Mailing Address 4400 NW 25 WAY BOCA RATON, FL 33434 | | | | | | |
| Suite, Apt. | | 3. Mailing Address 4 Suite, Apt. #, etc. | Betwee | DC. 04122005 | Chg-P | CR2E034 | » == 1417 1 = =1 | |
| #3400 City & Stat | | Six State Six State Zip 12 12 1 | Country Country | 4. FEI Number 65-1013 | , | | Ap | olied For Applicable |
| 334 | 34 J.S.A. | 733/31 | Ü.S.A. | 5. Certificate of | of Status Desired | | e Required | |
| | 6. Name and Address of Current | | 7. Name and Address of New Registered Agent | | | | | |
| | 5.5550 | | Name | | | | | |
| 3300 N. U. | S, GREGG NIVERSITY DR.,STE.604 PRINGS, FL 33065 | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | * | | City | | | FL | Zip Code | |
| 8. The above the obligation | e named entity submits this statement for tions of registered agent. | the purpose of changing its regi | stered office or reg | gistered agent, or both | , in the State of Flo | rida. I am farr | nillar with, s | and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent a | and title distribution (NOTE: Bea | stered Agent signature re | an ireal when mineration? | | DATE | | · |
| | September of printed realization of the desired agents | and the it applicable. (NOTE: Neg | ereceo vident estimatore re | scored wish renshiring) | | UAIE | | |
| FIL After M | .E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0 | 9. Election Campaign F Trust Fund Contribut | | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | ADDITIONS/0 | HANGES TO OFFI | CERS AND DI | RECTORS | IN 11 |
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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 ramaged; with all other like anyeowered.

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HAMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

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Daytime Phone •

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