

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90271 005 ***150.00

DOCUMENT # P00000070796

1. Entity Name
GARCIA CONSTRUCTION WORKS, INC.



Principal Place of Business
**6062 CALLE DE NOVA
WEST PALM BEACH, FL 33415**

Mailing Address
**6062 CALLE DE NOVA
WEST PALM BEACH, FL 33415**

54045446



2. Principal Place of Business
404 Monte Trail
Suite, Apt. #, etc.

3. Mailing Address
404 Monte Trail
Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State
West Palm Bch
Zip
33415
Country
Palm Bch

City & State
West Palm Bch
Zip
33415
Country
Palm Bch

4. FEI Number
65-0980848
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCIA, RAMIRO
6062 CALLE DE NOVA
WEST PALM BEACH, FL 33415**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
404 Monte Trail
City
West Palm Bch FL Zip Code
33415

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 **Ramiro Garcia**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D GARCIA, RAMIRO
6062 CALLE DE NOVA
WEST PALM BEACH, FL 33415** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Address only
404 Monte Trail
West Palm Bch, FL 33415** ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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: **Ramiro Garcia**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 **561/719-1060**
Date Daytime Phone #