FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90157 009 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80099192

DOCUMENT # P00000077583

1. Entity Name
GARRISON & SLOAN, INC.

Principal Place of Business	Mailing Address
110 SE 6TH STREET SUITE 1970 FT. LAUDERDALE, FL 33301	110 SE 6TH STREET SUITE 1970 FT. LAUDERDALE, FL 33301

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1601 N Palm Ave	1601 N Palm Ave
Suite, Apt. #, etc. 309 B	Suite, Apt. #, etc. 309 B
City & State Pembroke Pines	City & State Pembroke Pines
Zip 33026 Country USA	Zip 33026 Country USA

4. FEI Number 65-1047423 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARGULES, LEON R ESQ.
110 SE 6TH STREET
SUITE 1970
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name Michael S Joffee

Street Address (P.O. Box Number is Not Acceptable)
1601 N Palm AVENUE 309B

City Pembroke Pines FL Zip Code 33026

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] 4/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RECKNOR, TERRI LYNN	NAME	
STREET ADDRESS	925 SPOONBILL CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GUZMAN, AVEILIO	NAME	
STREET ADDRESS	15833 SW 145 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33187	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: Terri Recknor 4/24/03 (954) 430 5855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #