FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/06/04--01068--009 **500.00

DOCUMENT # P00000078666

1. Entity Name

Garrod Signs, Inc.

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2. Principal Place of Business	3. Mailing Address
6995 NW 82 Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, fl	City & State
Zip: 33166 Country	Zip Country

4. FEI Number: 20-1889359 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Aguilar, Juana

Street Address (P.O. Box Number is Not Acceptable): 6995 NW 82 Ave

City: Miami FL Zip Code: 33166

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P
NAME	Aguilar, Juana
STREET ADDRESS	6995 NW 82 Ave
CITY-ST-ZIP	Miami, FL 33166
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $600 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2001-2004 or any other notice from the Division of Corporations in respect with the Corporation **GARROD SIGNS, INC.**

Thank you for your courtesy in this matter.

JUANA AGUILAR
PRESIDENT