


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90050 015 ***150.00

DOCUMENT # P01000028182 1. Entity Name DEMETRIO GARCIA ENTERPRISES, INC.			
Principal Place of Business 16288 SW 8 ST PEMBROKE PINES, FL 33027		Mailing Address 16288 SW 8 ST PEMBROKE PINES, FL 33027	
2. Principal Place of Business 189-30 SW 31CT Suite, Apt. #, etc. 1		3. Mailing Address 189-30 SW 31CT Suite, Apt. #, etc. 31CT	
City & State MIAMI FL Zip 33029 Country		City & State MIAMI FL Zip 33029 Country	
4. FEI Number 30-0068425		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, DEMETRIO 16288 SW 8 ST PEMBROKE PINES, FL 33027		7. Name and Address of New Registered Agent Name DEMETRIO GARCIA Street Address (P.O. Box Number is Not Acceptable) 189-30 SW 31CT City MIAMI Zip Code 33029	
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 <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, DEMETRIO 16288 SW 8 ST PEMBROKE PINES, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARCIA, DEMETRIO 189-30 SW 31CT MIAMI FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARCIA, TERESA 16288 SW 8 ST PEMBROKE PINES, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARCIA, DEMETRIO 189-30 SW 31CT MIAMI FL 33029
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	