

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90003 028 ***150.00

DOCUMENT # P01000056053

1. Entity Name
GARCIA - MATHIES INTERIORS INC.



Principal Place of Business
**2901 VIRGINIA ST #422
MIAMI, FL 33133**

Mailing Address
**2901 VIRGINIA ST #422
MIAMI, FL 33133**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-1148222** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~GALLUCCI, JOSE E~~ **JOSE E. GARCIA GALLUCCI**
~~2901 VIRGINIA ST #422~~
~~MIAMI, FL 33133~~

**DO NOT WRITE
IN THIS SPACE**

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

**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	D
NAME	GALLUCCI, JOSE E
STREET ADDRESS	2901 VIRGINIA ST #422
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VP
NAME	MATHIS, ERNESTO
STREET ADDRESS	2901 VIRGINIA ST., #422
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE E. GALLUCCI

Date

Daytime Phone #

1/19/04 305-529-6744