

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90084 004 ***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

00000000



2. Principal Place of Business
4040 N.E. 2nd Ave.
Suite, Apt. #, etc.
Suite # -309

3. Mailing Address
4040 N.E. 2nd Ave.
Suite, Apt. #, etc.
Suite # 309

01122005 Chg-P CR2E034 (10/03)

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-1148222
Applied For
Not Applicable

Zip Country
33137-3549 Miami-Dade

Zip Country
33137-3549 Miami-Dade

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA-GALLUCCI, JOSE E
2901 VIRGINIA ST #422
MIAMI, FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)
4040 N.E. 2nd Ave., Suite #309

City **Miami**

FL

Zip Code **33137-3549**

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, 2005. Fee will be \$550.00

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 **D** ☐ Delete
NAME **GALLUCCI, JOSE E**
STREET ADDRESS **2901 VIRGINIA ST #422**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☒ Change ☐ Addition
NAME **4040 N.E. 2nd Ave., Suite # 309**
STREET ADDRESS **Miami, Florida 33137-3549**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **MATHIS, ERNESTO**
STREET ADDRESS **2901 VIRGINIA ST., #422**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☒ Change ☐ Addition
NAME **4040 N.E. 2nd Ave., Suite # 309**
STREET ADDRESS **Miami, Florida 33137-3549**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Jose E. Gallucci, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2005
Date

(305)572-0034
Daytime Phone #