

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000056053

1. Entity Name
GARCIA - MATHIES INTERIORS INC.



Principal Place of Business

4040 NE 2ND AVE
SUITE #309
MIAMI, FL 33137-3549

Mailing Address

4040 NE 2ND AVE
SUITE #309
MIAMI, FL 33137-3549

FILED
Jan 24, 2006 08:00 AM
Secretary of State



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1148222 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA-GALLUCCI, JOSE E
4040 NE 2ND AVE
SUITE #309
MIAMI, FL 33137-3549

**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)

000000399956
02/01/06-80033-014 150.00
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 4040 NE 2ND AVE, SUITE #309
CITY-ST-ZIP MIAMI, FL 331373549

TITLE VP
NAME MATHIS, ERNESTO
STREET ADDRESS 4040 NE 2ND AVE, SUITE #309
CITY-ST-ZIP MIAMI, FL 331373549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose E Garcia

1/20/06

Date

(305) 572-0034

Daytime Phone #