

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**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**



01092007 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000583869  
01/18/07-80034-005 158.75

**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	
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: **Jose Garcia-Gallucci** 1/11/07 (305) 522-0034  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #