
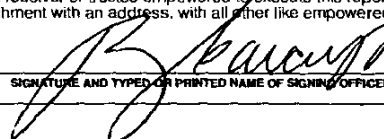


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90016 005 ***150.00

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DOCUMENT # P01000072270 1. Entity Name BARBARA A. GARCIA, P.A.			
Principal Place of Business 1940 MEADOWBREEZE DR WEST PALM BEACH, FL 33414-8061		Mailing Address 1940 MEADOWBREEZE DR WEST PALM BEACH, FL 33414-8061	
2. Principal Place of Business 12940 Meadowbreeze Dr. Suite, Apt. #, etc.		3. Mailing Address 12940 Meadowbreeze Dr. Suite, Apt. #, etc.	
City & State West Palm Beach FL Zip 33414 Country U.S.		City & State West Palm Bch FL Zip 33414 Country US	
4. FEI Number 65-1132595		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, BARBARA A 1940 MEADOWBREEZE DR WELLINGTON, FL 33414-8061		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12940 Meadowbreeze Drive City West Palm Bch FL Zip Code 33414	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PSTD GARCIA, BARBARA A 1940 MEADOWBREEZE DR WELLINGTON, FL 334148061	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Garcia, Barbara A 12940 Meadowbreeze Drive Wellington FL 33414 8061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Barbara A. Garcia 4/16/04 561-827-0866 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			