


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90065 016 ***150.00

DOCUMENT # P01000072270	
1. Entity Name BARBARA A. GARCIA, P.A.	

Principal Place of Business 12940 MEADOW BREEZE DRIVE WEST PALM BEACH, FL 33414	Mailing Address 12940 MEADOW BREEZE DRIVE WEST PALM BEACH, FL 33414
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40029161



2. Principal Place of Business 1405 W. Wickham Cir	3. Mailing Address PO Box 6774
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03012006 Chg-P CR2E034 (11/05)

City & State Delray Beach, FL	City & State Delray Bch FL
Zip 33445	Country WPB
Zip 33482	Country Palm Bch

4. FEI Number 65-1132595	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARCIA, BARBARA A 12940 MEADOW BREEZE DRIVE WEST PALM BEACH, FL 33414	
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7. Name and Address of New Registered Agent	
Name Barbara Garcia-Cline	
Street Address (P.O. Box Number is Not Acceptable) 1405 W. Wickham Circle	
City Delray Beach	FL Zip Code 33445

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: **3-1-06**

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GARCIA, BARBARA A PO BOX 6774 DELRAY BEACH, FL 334826774 <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
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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 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 an other like empowered.

SIGNATURE:  DATE: **3-1-06** DAYTIME PHONE: **561-5320747**