


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90032 002 ***558.75

DOCUMENT # P01000073507

1. Entity Name
GARI REAL ESTATE, INC.



Principal Place of Business Mailing Address

~~701 BRICKELL AVE STE 3000~~ ~~701 BRICKELL AVE STE 3000~~
~~MIAMI, FL 33131~~ ~~MIAMI, FL 33131~~

2. Principal Place of Business 3. Mailing Address

306 ALCAZAR AVENUE **306 ALCAZAR AVENUE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 302 **SUITE 302**

City & State City & State

CORAL GABLES, FL **CORAL GABLES, FL**

Zip Country Zip Country

33134 USA **33134 USA**



01212005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-1140932 Not Applicable

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

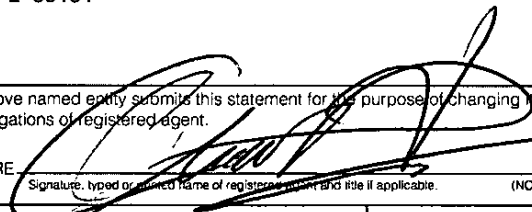
6. Name and Address of Current Registered Agent

~~INTRASTATE REGISTERED AGENT CORPORATION~~
~~701 BRICKELL AVE STE 3000~~
~~MIAMI, FL 33131~~

7. Name and Address of New Registered Agent

Name
ALBERT P VEGA CPA PA
 Street Address (P.O. Box Number is Not Acceptable)
306 ALCAZAR AVENUE
SUITE 302
 City **CORAL GABLES FL** Zip Code **33134**

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: **5/16/2005**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT RODRIGUEZ, IGNACIO G 701 BRICKELL AVE STE 3000 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 306 ALCAZAR AVE STE 302 CORAL GABLES, FL 33134
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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 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:  DATE: **5/16/2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #