

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90183 033 \*\*\*150.00

**DOCUMENT # P01000089995**

1. Entity Name  
**GARSSA ENTERPRISES INC.**



Principal Place of Business  
**2100 PONCE DE LEON BLVD., SUITE 600  
CORAL GABLES, FL 33134**

Mailing Address  
**2100 PONCE DE LEON BLVD., SUITE 600  
CORAL GABLES, FL 33134**

**50048268**

**( P01000089995P )**

**DO NOT WRITE IN THIS SPACE**

03292005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1136696**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**GURIAN, JORGE CARLOS J. VILLANUEVA, Esq.**  
**2100 PONCE DE LEON BLVD., SUITE 600  
CORAL GABLES, FL 33134**

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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: **4-30-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA LEON, OCTAVIO 2100 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOSSA, SANDRA 2100 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES, FL 33134
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IN THIS SPACE**

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: **4-30-05 305 377 0812**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #