2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004
Secretary of State

DOCUMENT# P01000108597

Entity Name: GAR PROMOTIONS INC.

Current Principal Place of Business:

9737 NW 41ST ST. #340
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

9737 NW 41ST ST. #340
MIAMI, FL 33178

New Mailing Address:

FEI Number: 65-1151975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUISA, INCIARTE
10625 NW 52 TERRACE
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LUISA, INCIARTE
Address: 7483 SW 24 STREET 3RD FLOOR
City-St-Zip: MIAMI, FL 33155

Title: TD ( ) Delete
Name: AQUILES, INCIARTE
Address: 7483 SW 24 STREET 3RD FLOOR
City-St-Zip: MIAMI, FL 33155

Title: SD ( ) Delete
Name: AQUILES, INCIARTE
Address: 7483 SW 24 STREET 3RD FLOOR
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: LUISA, INCIARTE
Address: 9737 NW 41ST STREET #340
City-St-Zip: MIAMI, FL 33178

Title: TD (X) Change ( ) Addition
Name: AQUILES, INCIARTE
Address: 9737 NW 41ST STREET #340
City-St-Zip: MIAMI, FL 33178

Title: SD (X) Change ( ) Addition
Name: AQUILES, INCIARTE
Address: 9737 NW 41ST STREET #340
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUISA INCIARTE DP 03/29/2004

Electronic Signature of Signing Officer or Director — Date