

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000046420

1. Entity Name
GARDEN VIEW, CORP.



Principal Place of Business
**9601 S.W. 142TH AVENUE #1412
MIAMI, FL 33186**

Mailing Address
**9601 S.W. 142TH AVENUE #1412
MIAMI, FL 33186**



03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4495521	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALCALA, RAFAEL
9601 S.W. 142TH AVENUE #1412
MIAMI, FL 33186**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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	PD
NAME	ALCALA, RAFAEL A
STREET ADDRESS	9601 S.W. 142TH AVENUE #1412
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	VPD
NAME	MORALES, PATRICIA
STREET ADDRESS	9601 S.W. 142TH AVENUE #1412
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	TD
NAME	DALMAU, MARITZA
STREET ADDRESS	9601 S.W. 142TH AVENUE #1412
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplement 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 of the corporation 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 affidavit with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/05 (305)3864514

Date

Daytime Phone #