


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000074683

1. Entity Name  
GUSTAVO G. GARCIA, PA.



Principal Place of Business      Mailing Address

1466 SHELTER ROCK RD      1466 SHELTER ROCK RD  
ORLANDO, FL 32835      ORLANDO, FL 32835

**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-F CR2E034 (11/05)

4. FEI Number      Applied For  
03-0471009      Not Applicable

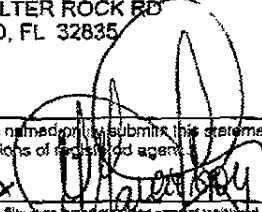
5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, GUSATVO G  
1466 SHELTER ROCK RD  
ORLANDO, FL 32835

**DO NOT WRITE IN THIS SPACE**

8. The above named party 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 *X* 

1100000770949  
07/31/07-80007-020 150.00

Signature of principal or officer or registered agent is required if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

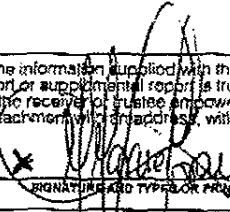
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARCIA, GUSTAVO G
STREET ADDRESS	1466 SHELTER ROCK RD
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: *X* 

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #