FILED
May 14, 2003 8:00 am
Secretary of State

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04-23-2003 90172 041 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000089311

1. Entity Name
GARO INVESTMENTS, INC.

51-0492-???
55040333

[redacted]

Principal Place of Business	Mailing Address
1510 HYPOLUXO RD LANTANA, FL 33462	1510 HYPOLUXO RD LANTANA, FL 33462

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1828 Alice Avenue	same
Suite, Apt. #, etc.	Suite, Apt. #, etc. Apartment E
City & State: West Palm Beach, FL	City & State
Zip: 33406 Country: Palm Beach	Zip Country

4. FEI Number: Applied for ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KHATCHIKIAN, BARABET 1510 HYPOLUXO RD LANTANA, FL 33462	Name: Mr. Garabet Khatchikian Street Address (P.O. Box Number is Not Acceptable): 1828 Alice Avenue Apartment E City: West Palm Beach FL Zip Code: 33406

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] 4/20/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	D	☐ Delete	TITLE	President, Director	☒ Change ☐ Addition
NAME	KHATCHIKIAN, GARABET		NAME	Khatchikian, Garabet	
STREET ADDRESS	1510 HYPOLUXO RD		STREET ADDRESS	1828 Alice Avenue, Apartment E	
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: Garabet Khatchikian [signature] 561-649-5596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #