


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90275 010 ***150.00

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|--|--|--|--|---|--|
| DOCUMENT # P02000128436 | | | |  | |
| 1. Entity Name GARCIA FAMILY SEAFOOD RESTAURANT INC. | | | | | |
| Principal Place of Business 7437 SW 24 ST MIAMI, FL 33155 | | | Mailing Address 7437 SW 24 ST MIAMI, FL 33155 | | |
| 2. Principal Place of Business <i>2008 SW 25 ST</i> | | | 3. Mailing Address <i>2008 SW 25 ST.</i> | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State <i>MIAMI FL</i> | | | City & State <i>MIAMI FL</i> | | |
| Zip <i>33133</i> | | Country <i>MIAMI DME</i> | | Zip <i>33133</i> | |
| Country <i>MIAMI DME</i> | | 4. FEI Number 06-1663764 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Addl Fee Required | |
| 6. Name and Address of Current Registered Agent GARCIA, FERNANDO 2008 SW 25 ST MIAMI, FL 33133 | | | 7. Name and Address of New Registered Agent Name <i>JUAN GARCIA</i> Street Address (P.O. Box Number is Not Acceptable) <i>2008 SW 25 ST</i> City <i>MIAMI</i> FL Zip Code <i>33133</i> | | |
| 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 the obligations of registered agent. SIGNATURE <i>JUAN GARCIA</i> <i>J.G.</i> <i>4-18-04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GARCIA, JUAN 2008 SW 25 ST MIAMI, FL 33133 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GARCIA, FERNANDO 2008 SW 25 ST MIAMI, FL 33133 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change | |
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| 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 it 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 11, as changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>J.G.</i> | | | Date <i>4/13/04</i> Daytime Phone # <i>305 649 1923</i> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

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04142004 Chg-P CR2E034 (10/03)

4. FEI Number
06-1663764

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

7. Name and Address of New Registered Agent
Name *JUAN GARCIA*
Street Address (P.O. Box Number is Not Acceptable)
2008 SW 25 ST
City *MIAMI* FL Zip Code *33133*

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SIGNATURE *JUAN GARCIA* *J.G.* *4-18-04*
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