

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2004 8:00 am
Secretary of State

06-29-2004 90002 007 ***150.00

DOCUMENT # P03000032565

1. Entity Name
OSCAR A. GARCIA, P.A.



Principal Place of Business
**710 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146**

Mailing Address
**710 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146**

34059217



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06222004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

74-3085491

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GARCIA, OSCAR A
710 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GARCIA, OSCAR A**
STREET ADDRESS **710 SOUTH DIXIE HIGHWAY**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/22/04 (305) 218-5974



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

May 20, 2004

OSCAR A. GARCIA, P.A.
710 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146

Subject: OSCAR A. GARCIA, P.A.

Reference Number: P03000032565

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RJ

ANNUAL REPORTS SECTION

subhiz.org

Attachment

54059217

Oscar A. Garcia, P.A.
Of Counsel

Aran Correa & Guarch, P.A.
710 S. Dixie Hwy.
Coral Gables, FL 33146

Telephone: 305-665-3400
Fax: 305-665-2250

June 22, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: P03000032565

To Whom It May Concern:

Enclosed please find:

- Check for filing fee of \$150.00
- New copy of annual report
- Copy of your letter dated May 20th, 2004.


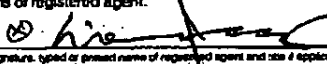

Until the date hereof, I was confident that you have received the Annual report of Oscar A. Garcia, P.A., and that the report was filed. I did not receive a/o open your May 20th letter until today, June 22, 2004, wherein you advise me that you received the report without payment. I apologize for this oversight and cannot explain it. However, I have enclosed payment herein, and thank you in advance for your understanding in this matter.

Very truly yours,


Oscar A. Garcia

This form was ^{Attachment} mistakenly attached to your letter to me dated May 20, 2004.

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000032865			
1. Entity Name TEXTILE USA, INC.			
Principal Place of Business 2540 WEST 84TH ST BLDG A SUITE 2 HIALEAH, FL 33016		Mailing Address 2540 WEST 84TH ST BLDG A SUITE 2 HIALEAH, FL 33016	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 56-2334238		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JEONG, YUN U 2540 WEST 84TH ST BLDG A SUITE 2 HIALEAH, FL 33016		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: 		DATE: 4/23/04	
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 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PSD JEONG, YUN U 2540 WEST 84TH ST BLDG A SUITE 2 HIALEAH, FL 33016			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 		DATE: 4/23/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR		Date	