

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 08:00 A
Secretary of State

DOCUMENT # P03000042408 1. Entity Name GARRY SEA, INC.					
Principal Place of Business 1111 NW 87 WAY HOLLYWOOD FL 33024				Mailing Address 1111 NW 87 WAY HOLLYWOOD FL 33024	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State ()		City & State		4. FEI Number 47-0916434	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SERCHAY, ALLAN 5300 NW 33 AVE STE 117 FT LAUDERDALE FL 33309				7. Name and Address of New Registered Agent 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 _____ Signature: Typed or printed name of registered agent and title. (NOTE: Registered Agent's signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	D MOHL, GARRY ☐ Delete 1111 NW 87 WAY PEMBROKE PINES FL 33024		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000797008 01/29/08-80056-012 150.00 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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 empowers.

SIGNATURE: *Garry Mohl* **Garry Mohl** 1/22/08 954 214 4970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR