

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000077532

1. Entity Name

GARCIA INVESTMENTS CORPORATION



Principal Place of Business

7800 SW 98 AVE
MIAMI FL 33173

Mailing Address

7800 SW 98 AVE
MIAMI FL 33173



2. Principal Place of Business - No P.O. Box #

7800 SW 98 AVE

3. Mailing Address

7800 SW 98 AVE

Suite, Apt #, etc.

Suite, Apt #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Miami Fla

City & State

Miami Fla

4. FEI Number

55-0840422

Applied For

Not Applicable

Zip

Country

33173

U.S.A

Zip

Country

33173

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, LAZARO
7800 SW 98 AVE
MIAMI FL 33173

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

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, 2007 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GARCIA, LAZARO	
STREET ADDRESS	7800 SW 98 AVE	
CITY ST ZIP	MIAMI FL 33173	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GARCIA, MARIA T	
STREET ADDRESS	7800 SW 98 AVE	
CITY ST ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

U00000628121
02/16/07-80002-013 150.00

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 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

2-6-07

Date

305-99246

Daytime Phone #