2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P03000079780 Jan 30, 2006 08:00 AN 1. Entity Name **Secretary of State** GAR LATHING INC. Mailing Address Principal Place of Business 10010 SW 13 TERR MIAMI FL 33174 10010 SW 13 TERR MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For 4. FEI Number City & State 56-2376472 Not Applicab Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROLLINS, EUGENE Street Address (P.O. Box Number is Not Acceptable) 10010 SW 13 TERR MIAMI FL 33174 City 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May E 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Adddii TITLE ☐ Delete TILE NAME NAME ROLLINS, EUGENE 11000000407155 STREET ADDRESS STREET ADDRESS 10010 SW 13 TERR 02/08/06-80005-006 150.00 CITY-ST-ZIP MIAMI FL 33174 CITY-ST-ZIP ☐ Defete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Add: ☐ Delete THILE HITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition THILE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 TITLE ☐ Change ☐ A.:"" ☐ Delete TITLE MAASE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ A4." Delete THEF ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Cay-St-78 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE: En Rollins 1-27-06

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