


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000084361
 1. Entity Name
JOSE GARCIA, PA



Principal Place of Business Mailing Address
12323 MUSTARD STREET **12323 MUSTARD STREET**
ORLANDO, FL 32837 **ORLANDO, FL 32837**

DO NOT WRITE IN THIS SPACE



03042008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
56-2371855 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

3. Name and Address of Current Registered Agent
GARCIA, JOSE C
12323 MUSTARD STREET
ORLANDO, FL 32837

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6. 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 if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UN00000481726
 04/11/06-80045-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARCIA, JOSE C
STREET ADDRESS	12323 MUSTARD STREET
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Jose Garcia **JOSE GARCIA** 3/22/06 407 231-8024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #