

ANNUAL REPORT

Feb 13,
Secre

DOCUMENT # P03000116425

1. Entity Name
GARCIA'S MEXICAN IMPORTS, CORP.



Principal Place of Business
54 OLIVES DR
HIALEAH, FL 33010

Mailing Address
54 OLIVES DR
HIALEAH, FL 33010



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2407777
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MARTHA M
54 OLIVES DR
HIALEAH, FL 33010

**DO NOT WRITE
IN THIS SPACE**

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 Martina M. Garcia Martina M. Garcia 2/8/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinitiating) DATE

**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

UN0000431133
02/23/06-80015-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARCIA, MARTHA M
STREET ADDRESS	54 OLIVES DR
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	V
NAME	GARCIA, ANTHONY
STREET ADDRESS	54 OLIVES DR
CITY-ST-ZIP	HIALEAH, FL 33010
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: Martina M. Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/08
Date

305-885-5560
Daytime Phone #