

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90016 044 \*\*\*150.00

<b>DOCUMENT # P03000116425</b> 1. Entity Name <b>GARCIA'S MEXICAN IMPORTS, CORP.</b>			
Principal Place of Business <b>54 OLIVES DR HIALEAH, FL 33010</b>		Mailing Address <b>54 OLIVES DR HIALEAH, FL 33010</b>	
2. Principal Place of Business - No P.O. Box # <b>491 East Okeechobee Rd</b>		3. Mailing Address <b>310 Pasheehowa Dr</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Hialeah FL</b>		City & State <b>Hialeah FL</b>	
Zip <b>33010</b>		Zip <b>33010</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>56-2407777</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GARCIA, MARTHA M 54 OLIVES DR HIALEAH, FL 33010</b>		7. Name and Address of New Registered Agent Name <b>MARTHA M. GARCIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>310 Pasheehowa Drive</b> City <b>HIALEAH</b> <b>FL</b> Zip Code <b>33010</b>	
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 <i>Martha M Garcia</i> DATE <b>1/4/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, MARTHA M 54 OLIVES DR HIALEAH, FL 33010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARCIA, ANTHONY 54 OLIVES DR HIALEAH, FL 33010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <i>Martha M Garcia</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1/4/07</b> Daytime Phone # <b>305-885 5560</b>	