

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000145084

FILED
Apr 26, 2005
Secretary of State

Entity Name: GARCIA SPECIALIZE SERVICES INC.

Current Principal Place of Business:

19950 SW 165 AVE.
MIAMI, FL 33187

New Principal Place of Business:

Current Mailing Address:

19950 SW 165 AVE.
MIAMI, FL 33187

New Mailing Address:

FEI Number: 41-2118424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, OVIER
19950 SW 165 AVE
MIAMI, FL 33187 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: GARCIA, OVIER
Address: 10327 SW 7TH ST
City-St-Zip: MIAMI, FL 33174

Title: VSD () Delete
Name: GARCIA, CRISTINA
Address: 10327 SW 7TH ST
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: GARCIA, OVIER
Address: 19950 SW 165 AVE
City-St-Zip: MIAMI, FL 33187

Title: VSD (X) Change () Addition
Name: GARCIA, CRISTINA
Address: 19950 SW 165 AVE
City-St-Zip: MIAMI, FL 33187

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OVIER GARCIA

PTD

04/26/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date