

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90209 039 ***150.00

DOCUMENT # P04000010170

1. Entity Name
GARANVIC CORPORATION



Principal Place of Business
**12966 HAMPTON LAKES CIRCLE
BOYNTON BEACH, FL 33403-6**

Mailing Address
**12966 HAMPTON LAKES CIRCLE
BOYNTON BEACH, FL 33436**

2. Principal Place of Business
1391 N. Killian Drive
Suite, Apt. #, etc. **SUITE B-1**
City & State **LAKE PARK, FL**
Zip **33403** Country **PALM BCH**

3. Mailing Address
1391 N. Killian Drive
Suite, Apt. #, etc. **SUITE B-1**
City & State **LAKE PARK, FL**
Zip **33403** Country **PALM BCH**



04172006 Chg-P CR2E034 (11/05)

4. FEI Number **90-0134940** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

ROSE, VICKI ANN
12966 HAMPTON LAKES CIRCLE
BOYNTON BEACH, FL 33436

7. Name and Address of New Registered Agent

Name **VICKI ANN ROSE**
Street Address (P.O. Box Number is Not Acceptable)
1391 N. Killian Drive
SUITE B-1
City **LAKE PARK** FL Zip Code **33403**

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 *Vicki Ann Rose* DATE 4-17-06
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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROSE, VICKI ANN	
STREET ADDRESS	12966 HAMPTON LAKES CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, VICKI ANN	
STREET ADDRESS	1391 N. Killian Drive, SUITE B-1	
CITY-ST-ZIP	LAKE PARK, FL 33403	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Vicki Ann Rose*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06 317-6400
Date Daytime Phone #