


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000019919
 1. Entity Name
 GARCIA FLOORING ENTERPRISE, INC



Principal Place of Business 455 NW 125 ST MIAMI, FL 33168	Mailing Address 455 NW 125 ST MIAMI, FL 33168
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DO NOT WRITE IN THIS SPACE



07262007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0823382	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GARCIA VARGAS, EDMUNDO
 455 NW 125 ST
 MIAMI, FL 33168

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 _____ DATE 07/31/07-80007-004 150.00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

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

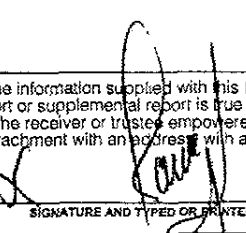
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GARCIA VARGAS, EDMUNDO 455 NW 125 ST MIAMI, FL 33168
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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:  DATE 7/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #