


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90010 008 ***150.00

DOCUMENT # P04000034378	
1. Entity Name MASGARRA'S, INC.	

Principal Place of Business 1553 HARBOR BLVD. PORT CHARLOTTE, FL 33952	Mailing Address 1553 HARBOR BLVD. PORT CHARLOTTE, FL 33952
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50062534

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



08142005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0761385		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GARRA, SHARON 1553 HARBOR BLVD. PORT CHARLOTTE, FL 33952		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRA, GREGORY 225 WOOD STREET, UNIT 221 PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T. 1553 HARBOR BLVD. PT. CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRA, SHARON 225 WOOD STREET, UNIT 221 PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President 1553 HARBOR BLVD. PT. CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **X** *Sharon Garra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-625-9980

ATTACHMENT

PO4000034378

SV062534

MICHAEL DEROSA
182 ROSE AVENUE
STATEN ISLAND, NY 10306
1-718-987-9138

August 14, 2005

Gregory and Sharon Garra
Masgarra's, Inc.
1553 Harbor Blvd.
Pt. Charlotte FL 33952
ID# 20-0761385

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

To Whom It May Concern:

Attached is the completed annual report that is required to be annually filed by corporations in Florida. Our client was not aware that this report had to be filed, nor were we as their accountants. Since we do not ordinarily do Florida corporation tax returns, we thought that filing of the Federal tax return, as well as the Florida tax return was sufficient.

Please be further advised that our client was not informed that she had to file the annual report in question. If our client had been informed of this requirement, it would have been filed on time, since they are both most conscientious about matters such as this.

Given the above information, our client will now be filing the required annual report with the required \$150 fee. No late fees are included because of the circumstances. We are respectfully asking that no such late fee be imposed.

Your assistance in this matter will be most appreciated.

Thank you.


Michael DeRosa