2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000055821

1. Entity Name
EL GARAGE USA INC.

Principal Place of Business	Mailing Address
3052 SW 27TH AVE, # 301 MIAMI, FL 33133	3052 SW 27TH AVE, # 301 MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

04272007   No Chg-P   CR2E034 (11/05)

4. FEI Number
20-0939521

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZOCCOLA, MARIA F
3052 SW 27TH AVE
APT 301
MIAMI, FL 33133

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_____

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 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000753976 05/22/07-80039-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZOCCOLA, MARIA F
STREET ADDRESS	1155 BRICKELL BAY DRIVE, SUITE 2401
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ MARIA FLORENCIA Zoccola 04/27/07 786-306-8787

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