

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101930

Entity Name: ARIEL O. GARCIA, P.A.

FILED  
Jan 10, 2009  
Secretary of State

**Current Principal Place of Business:**

6304 N. ARMENIA AVENUE  
TAMPA, FL 33604

**New Principal Place of Business:**

220 E. MADISON STREET  
SUITE 1216  
TAMPA, FL 33604

**Current Mailing Address:**

P.O. BOX 172957  
TAMPA, FL 33672

**New Mailing Address:**

FEI Number: 54-2155252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA, ARIEL O  
602 US HWY 41 NORTH SUITE 2  
RUSKIN, FL 33570 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: DP ( ) Delete  
Name: GARCIA, ARIEL O  
Address: 602 US HWY 41 NORTH SUITE 2  
City-St-Zip: RUSKIN, FL 33570

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ARIEL O GARCIA

DP

01/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date