


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000002868 1. Entity Name EDUARDO JOSE GARCIA, P.A.	
--	---

Principal Place of Business 2950 SW 27TH AVENUE SUITE 300 MIAMI, FL 33133	Mailing Address 2950 SW 27TH AVENUE SUITE 300 MIAMI, FL 33133
---	---

**DO NOT WRITE IN THIS SPACE**



05282008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5730546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, EDUARDO J  
 2950 SW 27TH AVENUE SUITE 300  
 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 \_\_\_\_\_ DATE \_\_\_\_\_

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

100000952608  
06/04/08-2008-008 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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	DPVP GARCIA, EDUARDO J 2950 SW 27TH AVENUE SUITE 300 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GARCIA, EDUARDO J 2950 SW 27TH AVENUE SUITE 300 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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:  **5/28/08** **305-358-4800**

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